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FILED

Apr 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H77643 (5)
1. Corporation Name
SCHEER COMMERCE CENTER, INC.



Principal Place of Business

Mailing Address

1803 US HWY 19
HOLIDAY FL 34091

1803 US HWY 19
HOLIDAY FL 34091

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1985

4. FEI Number

59-2608051

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☒

No

2. Principal Place of Business

21 2535 SUCCESS DR

Suite, Apt. #, etc.

22

City & State

23 ODESSA FL

24 33556

25 PASCO

2a. Mailing Address

26 2535 SUCCESS DR

Suite, Apt. #, etc.

27

City & State

28 ODESSA FL

29 33556

30 PASCO

9. Name and Address of Current Registered Agent

BAKER, RICHARD W.
1803 US HWY 19
HOLIDAY FL 34091

10. Name and Address of New Registered Agent

81 Name
RICHARD W BAKER

82 Street Address (P.O. Box Number is Not Acceptable)
2535 SUCCESS DR

83

84 City
ODESSA

FL

85 Zip Code
33556

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

RW Baker

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SPEER, ROY M.
STREET ADDRESS 1803 US HWY 19
CITY-ST-ZIP HOLIDAY FL

TITLE P ☐ DELETE

NAME SCHERER, CHRIS J.
STREET ADDRESS 1803 US HWY 19
CITY-ST-ZIP HOLIDAY FL

TITLE STD ☐ DELETE

NAME BAKER, RICHARD W.
STREET ADDRESS 1803 US 19
CITY-ST-ZIP HOLIDAY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME ROY M SPEER
1.3 STREET ADDRESS 2535 SUCCESS DR
1.4 CITY-ST-ZIP ODESSA FL 33556

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME J. CHRIS SCHERER
2.3 STREET ADDRESS 2535 SUCCESS DR
2.4 CITY-ST-ZIP ODESSA FL 33556

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME S/T/D
3.3 STREET ADDRESS RICHARD W. BAKER
3.4 CITY-ST-ZIP 2535 SUCCESS DR
ODESSA FL 33556

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

RW Baker

CR2E034 (10/97)