FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 8:45

DOCUMENT # H84635 (2)

1. Corporation Name
SCHOFIELD, CORP.

Principal Place of Business	Mailing Address
7050 TURTLE MOUND RD. NEW SMYRNA BEACH FL 32169	P.O. BOX 2276 NEW SMYRNA BEACH FL 32170

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/06/1985
3a. Date of Last Report: 07/11/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 County — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 County — 30

4. FEI Number: 59-2600272 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GILLISPIE, W.M.
233 N.CAUSEWAY
NEW SMYRNA BCH. FL 32069

10. Name and Address of New Registered Agent

81 Name: William Parsons
82 Street Address (P.O. Box Number is Not Acceptable): 2001 S. Ridgewood Ave
83 ~~South Daytona~~
84 City: South Daytona FL 85 Zip Code: 32119

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 _____ DATE
Signature (of new registered agent if required, and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	SCHOFIELD, JOHN D.	12 NAME		
STREET ADDRESS	P.O. BOX 2041 N/A	13 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32170	14 CITY-ST-ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	SCHOFIELD, JOHN-JO	22 NAME		
STREET ADDRESS	P.O. BOX 2041 N/A	23 STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32170	24 CITY-ST-ZIP		
TITLE	ST	31 TITLE	Secretary - Treasurer	☒ Change ☐ Addition
NAME	SCHOFIELD, JOHN D., JR.	32 NAME	John D. Schofield	
STREET ADDRESS	P.O. BOX 2041 N/A	33 STREET ADDRESS	PO Box 2041	
CITY-ST-ZIP	NEW SMYRNA FL 32170	34 CITY-ST-ZIP	New Smyrna Bch. FL 32170	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an A/dross.

SIGNATURE: John D Schofield - President 5-17-95 904-428-8487
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
John D. Schofield

0404210 FP