FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name H84635 SCHOFIELD, CORP.

(2)

FILED May 01 1998 8:00am Secretary of State

Principal Place of Business Mailing Address P.O. BOX 2276 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 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2600272 Not Applied For
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 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For
NEW 8MYRNA BEACH FL 32169 NEW SMYRNA BEACH FL 32170 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/06/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For
3. Date Incorporated or Qualified 11/06/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For
11/06/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For
2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For
Fig. 1. Applied For
26 59-2600272 Not Applicable
Sulte, Apt. #, etc. Suite, Apt. #, etc. 5, Certificate of Status Desired \$8.75 Additional
ZZ] Pee Hequired
City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Em 1 8. This corporation owes or has paid the current year mangible
24 25 29 30 Personal Property Tax due June 30. Yes No 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent
PARSONS, WILLIAM
BARRY F. HUGHES
OZ Sireet Address (100 Box adult per ils Ivot Addeptable)
SUUTH DAYTUNA FL 32119 2001 S. KIDSELICADI AVE.
84 City South Day tour FL 85 Zip Code 32.119
11 Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutos the above parmed corporation submits the statement for the purpose of changing its registered.
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. Fain agrillar with, and accept trig onligations of, Section 607.0505, Florida Statutes.
SIGNATURE Song for the option from of our first of and and talls if applicable (NOTE: Rog stored Agent signature required when renstating) OATE
12. OF JOERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE DELETE 1.1 TITLE Change Addition
NAME SCHOFIELD, JOHN D. 12 NAME
STREET ADDRESS P.O. BOX 2041 N/A 1.3 STREET ADDRESS
CITY-SI-ZIP NEW SMYRNA BEACH FL 32170 1.4 CITY-SI-ZIP
TITLE V DELETE 2.1 TITLE Change Addition
NAME SCHOFIELD, JOHN-JO 2.2 NAME
STREET ADDRESS P.O. BOX 2041 N/A 2.3 STREET ADDRESS
CITY-ST-ZIP NEW SMYRNA BEACH FL 32170 2.4 CITY-ST-ZIP
TITLE ST DELETE 3.1 TITLE Change Addition
NAME SCHOFIELD, JOHN D 3.2 NAME
STREET ADDRESS P.O. BOX 2041 N/A 3.3 STREET ADDRESS
CITY-ST-ZIP NEW SMYRNA FL 34.CITY-ST-ZIP
TITLE DELETE 4.1 TITLE Change Addition
NAME 4.2 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE DELETE 5.1 TITLE Change Addition
NAME 5.2 NAME
STREET ADDRESS 53 STREET ADDRESS 5
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE DELETE 6.1 TITLE Change Addition
NAME 62 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 exproration 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 that god, or on an attraction of the receiver or trustee empowers.