**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

## DOCUMENT # H84635

SCHOFIELD, CORP.

## **FILED** Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90022 022 \*\*\*150.00



Principal Flace of Business   P.O. 802 278   NEW SWRMA BEACH R. 32170													
DO NOT WRITE IN THIS SPACE   3. Date incorporated or Quasited   11/03/1985   4. FEHN uniber   4. Pulled For   1. Pursuant to the provisions of Sactions 607/1601 and 607/1502, Fordid Statistics   1. Pursuant to the provisions of Sactions 607/1601 and 607/1502, Fordid Statistics   1. Pursuant to the provisions of Sactions 607/1601 and 607/1502, Fordid Statistics   1. Pursuant to the provisions of Sactions 607/1601 and 607/1502, Fordid Statistics   1. Pursuant to the provisions of Sactions 607/1601 and 607/1502, Fordid Statistics   1. Pursuant to the provisions of Sactions 607/1601 and 607/1503, Fordid Statistics   1. Pursuant to the provisions of Sactions 607/1601 and 607/1503, Fordid Statistics   1. Pursuant to the provisions of Sactions 607/1601 and 607/1503, Fordid Statistics   1. Pursuant to the provisions of Sactions 607/1601 and 607/1503, Fordid Statistics   1. Pursuant to the provisions of Sactions 607/1601 and 607/1503, Fordid Statistics   1. Pursuant to the provisions of Sactions 607/1601 and 607/1603 and 607/160	Principal Flace	of Business	Mailir	g Address				_   '"		141 HHI BIBIS	#1611 #1811 #1611 I	11817 67671 1661	
2. Principal Place of Business   2a. Mailing Address   4. FEB Number   11/08/1985   2a. Mailing Address   4. FEB Number   14/08/1985   2a. Mailing Address   4. FEB Number   14/08/1985   2a. Mailing Address   4. FEB Number   15/08/1985   2a. Mailing Address   4. FEB Number   15/08/1985   2a. Mailing Address   5. Feb Number   5. Feb	7050 TURTLE M	OUND RD.	P.O. B	OX 2276									
2. Principal Place of Business   2a. Masing Address   4. FEI Jumps   59-2000272   Ag. Just Fire   100 April (1985)   100 Apri	NEW SMYRNA E	BEACH FL 32169	NEW S	NEW SMYRNA BEACH FL 32170				DO NOT WRITE IN THIS SPACE					
2.   Mailton   2.								3. Date in					7
2.   Mailton   2.								11/06	/1985				
Sulls, F.pt. R. etc.    Sulls, F.pt. R. etc.   27	2. Principal Place of Business			2a. Mailing Address							Ap	olied For	1
Suite	<b>—</b> і		26	<del> </del>				59-26	00272		No	: Applicable	
22   City & State   Dily & D		#, etc.	Sı	<u> </u>							T		1
City & State   City   Cit	22		27	27				5. Certifica	ne or Status Desired		Fee Ro	e quired	_
28				City & State						П			
28				<u> </u>			<del> </del>				to Fees	-	
1.	Zip	· · · · · · · · · · · · · · · · · · ·	Country Zip			itry		1	•	ent year i			-
HUBHES, BARRY E. 2001 S RIDGEWOOD AVE SOUTH DAYTONA FL 32119    13	24				30		<del></del>			7		No	-
HUBHES, BARRY E. 2001 S RIDGEWOOD AVE SOUTH DAYTONA F1 32119  82 Street A Idress (P.O. Bo \ Number is Not Acceptable)  83   44 City   FL   85   Zip \ Code    11. Pursuint to the provisions of S ictions 607.050," and 607.1508, Florida Stabiles, the above-named c inportation submit is this statement for the purpose of changing its "opisitered office or registered agent, or bit h, in the State of Florida. Such change was authorized by the corporation's board of firectors. I hereby accept the ap continent as registered agent, and a rought the obligations of, Section 607.0505, Florida Stabiles.  SIGNATURE  SIGNATURE  12.		9. Name and Address of Cu	rrent Register	ed Agent		81	Name .	10. Nam€	and Address of New	egister 3	a Agent		┨
2001 S RIDGEWOOD AVE SOUTH DAYTONA FL 32119  82  83  84	шпр	HEC DADOVE				۱'	name						
SOUTH DAYTONA FL 32119  83  84 City FL 85 Zip Code  11. Pursuint to the provisions of S sctions 607:050: and 607:1508. Florids Statutes, the advove-named c provision submits this statement for the purpose of changing its registered agent, or bith, in the State in Florids. Such drawing views as the advove-named c provision submits this statement for the purpose of changing its registered agent, and a capat the obligations of S section 607:0505, F oridas Statutes.  SIGNATURE  2. OFFICERS AN DIRECTORS  1. Submits, hybrid or period in me of registered agent and tite if spokeshe.  P OFFICERS AN DIRECTORS  1. STATUTE  P SCHOFIELD, JOHN D.  STREET ADDRESS  SOHOFIELD, JOHN D.  STREET ADDRESS  SOHOFIELD, JOHN D.  SOHOFIELD, JOHN D.  SOHOFIELD, JOHN D.  SOHOFIELD, JOHN JO  SOHOFIELD, JOHN D.  STREET ADDRESS  CITY-ST-ZP  TITLE  ST  DELETE  3.1 TITLE  Change Addition  SOHOFIELD, JOHN D.  STREET ADDRESS  SOHOFIELD, JOHN D.  SOHOFIELD, JO							Street A	dress (P.O. Bo	Number is Not Accept	able)			
### Addition  11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named c xporation subm its this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of strectors. I hereby accept the ap xointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of strectors. I hereby accept the ap xointment as registered agent, and a capet the obligations of, Section 607.0505. For order Statutes.  ### SIGNATURE    Signature, hybrid or protect in me of registered agent agent are if a special work Agent appaties rec. and when remotiting   DATE												<del></del>	-
11. Pursuant to the provisions of Sections 607.050; and 607.1508, Florida Statutes, the above-named c xporation subm is this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of Jirectors. I hereby accept the ap pointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of Jirectors. I hereby accept the ap pointment as registered agent, and a coept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  12. OFFICERS AN 2 DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITITLE  OFFICERS AN 2 DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITITLE  OFFICERS AN 2 DIRECTORS IN 12.  ITITLE  OFFICERS AN 2 DIRECTORS IN 12.  ITITLE  OFFICERS AN 3 DIRECTORS I	300	III DATIONA FL 32119			ļ	63							
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of strector's. In ereby accept tine ap jointment as requisited agent agent, in the State of Florida, Such change was authorized by the corporation's board of strector's. In ereby accept tine ap jointment as requisited agent ag						84	City			C.	85 Zip	Code	
office or registered agent, or bot hi, in the State of Florida. Such change was authorized by the corporation's board of sirector's. I nereby accept tine ap pointment as registered agent agent, or bot hi, in the State of Florida. Such change was authorized by the corporation's board of sirector's. I nereby accept tine ap pointment as registered agent a	<u> </u>		0500 1 007	1500 Florido Statu	too the ob		nomad a	rooration subm	e this statement for the	DUITDOSE (	of changing its	registered	┨
12.	office or re	egistered agent, or both, in the S	tate of Florida.	Such change was a	authorized	by t	the corpora	ition's board of	lirectors. I hereby acce	pt the ap >	ointment as re	egistered	
12	SIGNATURE												
TITLE		<del></del>				\gent	signature rec				LID DIDECTO	20 124 40	- 5
SCHOFIELD, JOHN D.   12 MANE   13 STREET ADDRESS   NEW SMYRNA BEACH FL 32170   14 CITY-ST-ZIP     Change   Addition	<del></del>		S AN 3 DIRECT			_		ADDITI	INS/CHANGES TO OF	FICERS F			1 3
STREET ADDRESS	!	•		C) occess							0u3v		
NEW SMYRNA BFACH FL 32170			A 4 / B		Ŋ.		1000500						
TITLE			,										
NAME   SCHOFIELD, JOHN-JO   22 NAME			<u>321/U</u>	□ DELETE			-219				□ Change	☐ Addition	1 8
STREET ADDRESS   P.O. BOX 2041   N/A   2.5 STREET ADDRESS	1	•											
NEW SMYRNA BEACH FL 32170   2 4 CITY-ST-ZIP   TITLE   Change   Addition		· ·	N1/A				ADDDEGG						
TITLE NAME SCHOFIELD, JOHN D STREET ADDRESS CITY-ST-ZIP NEW SMYRNA FL  DELETE A1 TITLE A2 NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS ST	]												
NAME	<del></del>		321/0	□ DELETE			1-ZIP	<u> </u>			Change	Addition	1
STREET ADDRESS   P.O. BOX 2041   N/A   3.3 STREET ADDRESS				ــــــــــــــــــــــــــــــــــــــ	1		1				_ ,	_	1
NEW SMYRNA FL   34, CITY-ST-ZIP   NEW SMYRNA FL   34, CITY-ST-ZIP   Change   Addition	<b>!</b>		M/A				ADDRESS						
TITLE			14/14										
NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  S1 TITLE  S2 NAME  S3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  S4 CITY-ST-ZIP  TITLE  NAME  S6 NAME  S7 NAME  S7 NAME  S7 NAME  S7 NAME  S8 STREET ADDRESS  S8 STREET ADDRESS  S9 NAME  S9 NAME  S1 TITLE  S6 NAME  S6 NAME  S6 NAME  S7 NAME  S7 NAME  S8 NAME  S8 NAME  S8 NAME  S9 NAME  S9 NAME  S9 NAME  S9 NAME  S9 NAME		NEW OWITHWA FL		☐ DELETE							☐ Change	Addition	1
STREET ADDRESS   4.3 STREET ADDRESS   4.4 CITY-ST-ZIP	·												
A 4 CITY-ST-ZIP	ì				1		ADDRESS						
TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME         STREET ADDRESS         STREET ADDRESS         STREET ADDRESS         STREET ADDRESS         STREET ADDRESS         STREET ADDRESS         CITY- ST- ZIP         Change         Addition           NAME         62 NAME         STREET ADDRESS         STREET ADDRESS         STREET ADDRESS         STREET ADDRESS													
NAME         52 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY- ST-ZIP         5.4 CITY- ST-ZIP           TITLE         DELETE         6.1 TITLE           NAME         62 NAME           STREET ADDRESS         6.3 STREET ADDRESS				DELETE							☐ Change	Addition	1
5.3 STREET ADDRESS   5.4 CITY - ST - ZIP   5.4 CITY - ST - ZIP   Change   Addition	1 1												
CITY-ST-ZIP         5.4 CITY-ST-ZIP           TITLE         6.1 TITLE           NAME         62 NAME           STREET ADDRESS         6.3 STREET ADDRESS					5.3 STF	REET	ADDRESS						
TITLE	<b>\</b>				5.4 CIT	Y-ST	-ZIP						
NAME  52 NAME  53 STREET ADDRESS  53 STREET ADDRESS  54 COTT OF TIP				☐ DELETE	6.1 TITI	E	$\overline{}$				Change	Addition	7
STREET ADDRESS 6.3 STREET ADDRESS					6 2 NA	νE							
CACCITY OF TIP					6.3 STF	REET.	ADDRESS						
	CITY-ST-ZIP				64 CIT	Y-ST	-ZIP						

14. I herety certify that the informa ion 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 in Chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE: