

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

0031100

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

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

DOCUMENT # **H84635**

1. Corporation Name  
**SCHOFIELD, CORP.**



Principal Place of Business  
**7050 TURTLE MOUND RD.  
NEW SMYRNA BEACH FL 32169**

Mailing Address  
**P.O. BOX 2276  
NEW SMYRNA BEACH FL 32170**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

**11/06/1985**

4. FEI Number

**59-2600272**

Applied For  
No: 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 the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**HUBBES, BARRY E.  
2001 S RIDGEWOOD AVE  
SOUTH DAYTONA FL 32119**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NO. E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **SCHOFIELD, JOHN D.**  
STREET ADDRESS **P.O. BOX 2041 N/A**  
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32170**

TITLE **V** ☐ DELETE  
NAME **SCHOFIELD, JOHN-JO**  
STREET ADDRESS **P.O. BOX 2041 N/A**  
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32170**

TITLE **ST** ☐ DELETE  
NAME **SCHOFIELD, JOHN D**  
STREET ADDRESS **P.O. BOX 2041 N/A**  
CITY-ST-ZIP **NEW SMYRNA 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  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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 2 or Block 13, unchanged, or on an attachment with an address with all other like empowered.

SIGNATURE:

*John D. Schofield*  
**John D. Schofield**  
President

**4-23-99** **904-428-8487**

Date

Daytime Phone #

CR2E034 (1/98)