

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

FILED  
Feb 17 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 # J35953

(5)

1. Corporation Name  
SCHWEITZER & ASSOCIATES, INC.



Principal Place of Business

1023 DUNDEE RD.  
P.O. BOX 1798  
DUNDEE FL 33838

Mailing Address

1023 DUNDEE RD.  
P.O. BOX 1798  
DUNDEE FL 33838

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/01/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2730080	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JACKSON DEAN  
1023 DUNDEE RD.  
DUNDEE FL 33838-1798

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	TO	<input type="checkbox"/> DELETE
NAME	MERRITT, ANN	
STREET ADDRESS	1023 DUNDEE RD	
CITY-ST-ZIP	DUNDEE FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, DEAN	
STREET ADDRESS	9418 WICKHAM WAY	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	TAAFFE, R. KEVIN,	
STREET ADDRESS	1023 DUNDEE RD.	
CITY-ST-ZIP	DUNDEE FL 33838-1798	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	REBECCA K. SUTHERLAND	
STREET ADDRESS	444 E. BELMAR, APT. 8	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P C D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DEAN, JACKSON	
1.3 STREET ADDRESS	9418 WICKHAM WAY	
1.4 CITY-ST-ZIP	ORLANDO, FLORIDA	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_

CR2E034 (10/97)