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

FILED
May 13 1998 8:00am
Secretary of State

DOCUMENT # J 49795

1. Corporation Name

Schmidt Const., Inc.

Principal Place of Business

5224 Kenilworth Dr.
Ft. Myers, Fl. 33919

Mailing Address

5224 Kenilworth Dr.
Ft. Myers, Fl. 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/87
4. FEI Number: 59-2754595 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30 [X] Yes ☐ No

2. Principal Place of Business
Suite, Apt. #, etc
City & State
Zip | 25 Country

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

9. Name and Address of Current Registered Agent

Schmidt, Donald M.
5224 Kenilworth Dr.
Ft. Myers, Fl. 33919

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	☐ DELETE	11 TITLE ☐ Change ☐ Addition
NAME	Schmidt, Donald M		12 NAME
STREET ADDRESS	5224 Kenilworth Dr.		13 STREET ADDRESS
CITY-ST-ZIP	Ft. Myers, Fl. 33919		14 CITY-ST-ZIP
TITLE	SVD	☐ DELETE	21 TITLE ☐ Change ☐ Addition
NAME	Schmidt, Perri L		22 NAME
STREET ADDRESS	5224 Kenilworth Dr.		23 STREET ADDRESS
CITY-ST-ZIP	Ft. Myers, Fl. 33919		24 CITY-ST-ZIP
TITLE		☐ DELETE	31 TITLE ☐ Change ☐ Addition
NAME			32 NAME
STREET ADDRESS			33 STREET ADDRESS
CITY-ST-ZIP			34 CITY-ST-ZIP
TITLE		☐ DELETE	41 TITLE ☐ Change ☐ Addition
NAME			42 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY-ST-ZIP			44 CITY-ST-ZIP
TITLE		☐ DELETE	51 TITLE ☐ Change ☐ Addition
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP			54 CITY-ST-ZIP
TITLE		☐ DELETE	61 TITLE ☐ Change ☐ Addition
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY-ST-ZIP

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JS 5/13

CR2E034 (10/97)

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: Donald M Schmidt Donald M. Schmidt 4-28-98 (941) 228-4802