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Feb 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J59051 (9)

1. Corporation Name  
DONALD I. SCHIEFER, P.A.



Principal Place of Business  
C/O DONALD I. SCHIEFER  
10811 NORTH TAMiami TRAIL  
NAPLES FL 34108

Mailing Address  
C/O DONALD I. SCHIEFER  
10811 NORTH TAMiami TRAIL  
NAPLES FL 34108-1910

3. Date Incorporated or Qualified 02/19/1987  
3a. Date of Last Report 01/22/1996

2. Principal Place of Business  
21 878 109TH AVE. N.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 878 109TH AVE. N.  
Suite, Apt. #, etc.

22 SUITE #1  
City & State

27 SUITE #1  
City & State

23 NAPLES, FL  
Zip Country

28 NAPLES, FL  
Zip Country

24 34108 25 USA  
29 34108 30 USA

4. FEI Number 59-2764937  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
SCHIEFER, DONALD I.  
10811 NORTH TAMiami TRAIL  
NAPLES FL 34108

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
878 109TH AVE. N.  
83 SUITE #1  
84 City NAPLES FL 85 Zip Code 34108

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  
TITLE PD ☐ DELETE  
NAME SCHIEFER, DONALD I.  
STREET ADDRESS 10811 N. TAMiami TRAIL 878 109TH AVE. N.  
CITY-ST-ZIP NAPLES FL  
TITLE VST ☐ DELETE  
NAME SCHIEFER, DONALD I.  
STREET ADDRESS 10811 N. TAMiami TRAIL 878 109TH AVE. N.  
CITY-ST-ZIP NAPLES 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  
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 do 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 I. Schiefer DONALD I. SCHIEFER 1-13-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (941) 597-1781

CR2E034 (9/96)