

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K03789 (0)

1. Corporation Name

JOHN & DEBORAH SCHIEFELBEIN, INC.

Principal Place of Business

**8528 S LAKE CIR
FT MYERS FL 33908-5801
US**

Mailing Address

**PO BOX 08217
FT MYERS FL 33908-0810
US**

**APPROVED
AND
FILED**
95 APR 20 AM 9:59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/24/1987

3a. Date of Last Report
04/20/1994

4. FEI Number
65-0013064

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

2. Principal Place of Business

21 7171 BUCKNELL DR.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 FT. MYERS, FL.

27 City & State

28

24 Zip

33908

Country

25 U.S.

29 Zip

30

Country

30

9. Name and Address of Current Registered Agent

**SCHIEFELBEIN, JOHN B.
8528 S LAKE CIR
FT MYERS FL 33908**

10. Name and Address of New Registered Agent

81 Name

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

83 **7171 BUCKNELL DR.**

84 City
FT. MYERS

85 Zip Code
FL 33908

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 fee if applicable

(NOTE: Registered Agent signature required when retreating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **SCHIEFELBEIN, JOHN B.**
STREET ADDRESS **8528 S. LAKE CIRCLE 7171 BUCKNELL DR.**
CITY - ST - ZIP **FT. MYERS FL 33908-5801**

TITLE **D**
NAME **SCHIEFELBEIN, DEBORAH**
STREET ADDRESS **8528 S. LAKE CIRCLE 7171 BUCKNELL DR.**
CITY - ST - ZIP **FT. MYERS FL 33908-5801**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 resolver 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:

John B. Schiefelbein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN B. SCHIEFELBEIN

4-17-95

Date

(813) 482-4474

Telephone Number