

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

FILED

Jan 23 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 # K07108 (9)  
1. Corporation Name  
VENTURE CIRCLE WAREHOUSES, INC.



Principal Place of Business  
501 E. JACKSON ST  
ORLANDO FL 32801

Mailing Address  
501 E. JACKSON ST  
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/14/1987

4. FEI Number

59-2965341

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.

☐

Yes

☐

No

2. Principal Place of Business

21 125 S. Swoope Ave.

22 Suite 103

23 City & State  
Maitland, Florida

24 Zip  
32751

25 Country  
Orange

2a. Mailing Address

26 125 S. Swoope Ave.

27 Suite 103

28 City & State  
Maitland, Florida

29 Zip  
32751

30 Country  
Orange

g. Name and Address of Current Registered Agent

SCHIEFERDECKER, HOWARD A  
501 E JACKSON ST  
FIRST FLOOR  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

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

125 S. Swoope Ave.

83 Suite 103

84 City

Maitland

FL

85 Zip Code

32751

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 D  
NAME SCHIEFERDECKER, HOWARD.  
STREET ADDRESS 501 E. JACKSON ST  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D  
NAME BOLEN, JAMES L.  
STREET ADDRESS 501 E. JACKSON ST  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D  
NAME BUTLER, GAY  
STREET ADDRESS 501 E. JACKSON ST  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D  
NAME KIMBROUGH, ORMAN L., JR  
STREET ADDRESS 236 S. LUCRENE CIRCLE  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D  
NAME MYLREA, BRUCE  
STREET ADDRESS 608 E. CENTRAL AVE  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D  
NAME THORNTON, ROBERT  
STREET ADDRESS 501 E. JACKSON ST  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

125 S. Swoope Ave., Suite 103

1.4 CITY-ST-ZIP

Maitland, Florida 32751

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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: HOWARD A. SCHIEFERDECKER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/98

Daytime Phone # \_\_\_\_\_

CR2E034 (10/97)