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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # K08076

(7)

SCHUETZ BRIARCLIFF NURSERY, INC.

Principal Place of Business Mailing Address 15130 N PEBBLE LN 15130 N PEBBLE LN				********					
FT MYERS FL 3		FT MYERS FL 33912-2335							
						3. Date Incorporated or Qualified 12/21/1987	1 .	ate of Last Re 15/1996	eport
2. Principal FI	ace of Business	28. Mailing Address				4. FEI Number			plied For
21	# abo	Suite, Apt. #, etc.		••••••		65-0020230		\$8.75	t Applicable
Suite, Apt	# <sub>1</sub> CIC	27				5. Certificate of Status Desired		Fee Re	
City & State	)	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Ζφ	Country	Zip	Cou	ntry		8. This corporation has liability for it			
24	25	29	30			Florida Statutes	Yes	□ No	
	9, Name and Address of Curre	ent Registered Agent				10. Name and Address of New Re	istered	Agent	
GRA	CE, WALTER JR			81	Name				
1467			82	Street Addr	ess (P.O. Box Number is Not Acceptab	e)			
FIM	IYERS FL 33901			83					
			•	84	City		C I	85 Zip (	Code
dd Dissipated	to the area wisen of Cookers CO7.00	502 and 607 1509 Florida State	ites the st		a named corn	oration submits this statement for the p	F L	t changing it	s registered
office or r	egistered agent, or both, in the Sta	te of Florida, Such change was	authorized	i by	the corporat	ion's board of directors. I hereby accep	t the app	pointment as	registered
agent. i a	m familiar with, and accept the obt	igations of, Section 607,0505, f	-iorida Stat	utes	<b>3</b> .				
SIGNATURE	Stip where typed or printip name of migistered a	agent and title 1 applicable. (NC	DTE: Registered	i Age	ent signature requir	ed when reinslating)	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AN	D DIRECTOF	
TIFLE	DP	DELETE	1.1 311	ΓLE	S	ecretary & Treasurer chuetz, Jerome B.		☐ Change	Addition
NAME	SCHUETZ, JEROME B.		1.2 NA	ME	S	chuetz, Jerome B. 🥕			
STREET ADDRESS	15130 N PEBBLE LN		1.3 ST	REET		5130 N. Pebble Lane			
CITY - S1 - ZIP	FT MYERS FL		1.4 CI	IY-S	I-ZIP F	t. Myers, Fl. 33912 <b>-2</b>	<u> 335                                   </u>		
TULE	•	☐ DELETE	2.1 717	TLE				L Change	Addition
NAME	:		2.2 NA	ME					
STREET ADDRESS		*	2.3 \$1	REET	ADDRESS				
City S1 - 7d°		,			ST-ZIP			Change	Addition
THE		DELETE	3.1 Ti					f"1 ruguge	L' Yourdon
NAM:			3.2 NA						
STREET ADDRESS					ADDRESS				
C:1Y - S1 - ZiF		DELETE			ST-ZIP			Change	Addition
101.6		□ Derreit	4.1 1					[_] Orlange	L_J Modilion
NAME			4. 2 N						
STHEET ADDRESS					ADDRESS				
CITY-ST-ZIP		DELETE			ST-ZIP			Change	Addition
TITLE		רון הנדנונ	5.1 TI					- vilango	
NAME			5 2 N/		ADDOLOG				
STREET ADORESS					ADDRESS				
COTY-ST 20F		DELETE		*****	ST-ZIP			Change	☐ Addition
MILE		FIII DECERE	61TI		i			L. Change	المرابعة المرابعة
NAMi			6.2 N						
STREET ADDRESS	1		6.3 \$	IREE	I ADORESS				

6.4 CITY-S1-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 a flual 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 of fluctuations are the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of fluctuations are the same legal effect as if made under oath; that

SIGNATURE: 7/WWW MY/M

PRINTED NAME OF SIGNING OFFICER OR DIRECTO

COLLIE DIEROME B. SCHUETZ Y22/97

**FILED** 

Feb 28 1997 8:00am

Secretary of State

941-481-371

Daytime Phone #