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Jan 16 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 # K58828

(0)

1. Corporation Name

SCHAEFER'S HOLIDAY HARBOR CORP.

Principal Place of Business

C/O MR. H. NEAL SCHAEFER
1537 OCEAN SHORE BLVD
ORMOND BEACH FL 32176

Mailing Address

C/O MR. H. NEAL SCHAEFER
1537 OCEAN SHORE BLVD
ORMOND BEACH FL 32176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1989

4. FEI Number

59-2922982

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

2a. Mailing Address

21 1537 Ocean Shore Blvd

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1537

27

City & State

City & State

23 Ormond Beach Fla.

28

Zip

Country

Zip

Country

24 32176

25 Volusia

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHAEFER, H. NEAL
1537 OCEAN SHORE BLVD.
ORMOND BEACH FL 32176

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

TITLE VP
NAME SCHAEFER, H. NEAL
STREET ADDRESS 1537 OCEAN SHORE BLVD
CITY-ST-ZIP ORMOND BEACH FL

TITLE P
NAME SCHAEFER, MILDRED
STREET ADDRESS 1537 OCEAN SHORE BLVD
CITY-ST-ZIP ORMOND BEACH FL

TITLE D
NAME SCHAEFER, PAUL N.
STREET ADDRESS 1220 DOUGLAS AVE, STE 105B
CITY-ST-ZIP LONGWOOD FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: H. Neal Schaefer

Jan 6, 1998 90444-1023

CR2E034 (10/97)