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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **K72232** **(7)**

1. Corporation Name
~~INGLEY, CAMPBELL, MOSES, SCHMIDT AND ASSOCIATES, INC.~~ **SCHMIDT, DELL, COOK & ASSOCIATES, INC.**

NC 3/17/97

[redacted]

Principal Place of Business	Mailing Address
139 E. GOVERNMENT ST. PENSACOLA FL 32501	139 E. GOVERNMENT ST. PENSACOLA FL 32501-5801

3. Date Incorporated or Qualified: 03/10/1989
3a. Date of Last Report: 04/18/1996
4. FEI Number: 59-2934035 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SCHMIDT, GENE I.
139 E. GOVERNMENT ST.
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	INGLEY, HERBERT A.		1.2 NAME		
STREET ADDRESS	8110 N.W. 32ND ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, ARTHUR L.		2.2 NAME		
STREET ADDRESS	3044 S.W. 70TH LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MOSES, FRANCIS W.		3.2 NAME		
STREET ADDRESS	1523 NW 52ND TERR		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHMIDT, GENE I.		4.2 NAME	300002137323 -04/09/97--01003--038 ***173.75	
STREET ADDRESS	2121 N WHALEY AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP		
TITLE	TSVP	☐ DELETE	5.1 TITLE	VP	☒ Change ☐ Addition
NAME	DELL, HAROLD L.		5.2 NAME		
STREET ADDRESS	4370 D'EVEREUX DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	S	☐ Change ☒ Addition
NAME			6.2 NAME	COOK, GREGORY A.	
STREET ADDRESS			6.3 STREET ADDRESS	200 EDEN LANE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	CANTONMENT FL	

CR2E034 (9/96)

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: _____ **Gene Schmidt** **3/31/97** **904-438-0050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0483831

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99.282

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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DIVISION OF CORPORATIONS

ATTACHMENT No. 1

DOCUMENT # K72232 (7)

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3a. Date of Last Report: 04/18/1996

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2a. Mailing Address (26)
Suite Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-2934035 ☐ Applied For ☐ Not Applicable

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SIGNATURE _____ DATE
Signature required from currently listed registered agent and the President (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	13.1 TITLE	T ☐ Change ☒ Add
NAME		13.2 NAME	JONES, MAVIS A.
STREET ADDRESS		13.3 STREET ADDRESS	2985 RANCHETTE SQUARE
CITY-ST-ZIP		13.4 CITY-ST-ZIP	GULF BREEZE, FL