

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -1 AM 11:30

DOCUMENT # K86863

(3)

1. Corporation Name

LINDA D. SCHOONOVER, P.A.

Principal Place of Business

SCHOONOVER, LINDA D. P.A.
230 LOOKOUT PLACE, STE. #200
MAITLAND FL 32751

Mailing Address

SCHOONOVER, LINDA D. P.A.
230 LOOKOUT PLACE, STE. #200
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/05/1989

3a. Date of Last Report

06/20/1994

4. FBI Number

59-2950774

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

21 390 West State Rd 434

2a. Mailing Address

26 390 West State Rd 434

Suite, Apt. #, etc.

22 Suite 200

Suite, Apt. #, etc.

27 Suite 200

City & State

23 Longwood

City & State

28 Longwood, Florida

Zip

24 32750

Country

Zip

29 32750

Country

30

9. Name and Address of Current Registered Agent

SCHOONOVER, LINDA D.
230 LOOKOUT PLACE, SUITE 200
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name

Linda D Schoonover

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

390 West State Rd 434

83

Suite 200

84 City

Longwood

FL

85

Zip Code

32750

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DPT
SCHOONOVER, LINDA D.
163 POST AND RAIL RD
LONGWOOD FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S
SCHOONOVER, LINDA D.
163 POST AND RAIL RD
LONGWOOD FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

☐ Change ☐ Addition

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 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)(b), 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 if with an address.

SIGNATURE:

Linda D Schoonover

President 1/27/95

339-7211