

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K86863 (3)

1. Corporation Name
LINDA D. SCHOONOVER, P.A.

Principal Place of Business

390 WEST STATE RD. 434
SUITE 200
LONGWOOD FL 32750
US

Mailing Address

390 WEST STATE RD. 434
SUITE 200
LONGWOOD FL 32750-5169
US

3. Date Incorporated or Qualified

05/05/1989

3a. Date of Last Report

04/17/1996

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 102

Suite, Apt. #, etc.

27 Suite 102

City & State

23 Longwood, FL

City & State

28 Longwood, FL

Zip

24 32750

Country

25 USA

Zip

29 32750

Country

30 USA

9. Name and Address of Current Registered Agent

SCHOONOVER, LINDA D.
390 WEST STATE RD. 434
SUITE 200-102
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

Schoonover, Linda D.

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

390 West State Rd 434

83 Suite 102

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: Linda M. Schoonover, Linda D. Schoonover

4/11/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME SCHOONOVER, LINDA D.
STREET ADDRESS 163 POST AND RAIL RD
CITY- ST- ZIP LONGWOOD FL
☐ DELETE

TITLE S
NAME SCHOONOVER, LINDA D.
STREET ADDRESS 163 POST AND RAIL RD
CITY- ST- ZIP LONGWOOD FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

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 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: Linda D. Schoonover

4/11/97

334-7211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)