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FILED
May 12 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 # K97408

(4)

1. Corporation Name

STEVEN R. SCHAEFER AND ASSOCIATES, INC.



Principal Place of Business

Mailing Address

% HEWITT J. DUPONT
912 S. RIDGEWOOD AVE., SUITE D
DAYTONA BEACH FL 32114

% HEWITT J. DUPONT
912 S. RIDGEWOOD AVE., SUITE D
DAYTONA BEACH FL 32114-5363

2. Principal Place of Business

2a. Mailing Address

21 3867 S. NOVA ROAD

26 3867 S. NOVA ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 PORT ORANGE, FLORIDA

28 PORT ORANGE, FLORIDA

Zip

Country

Zip

Country

24 32127

25 USA

29 32127

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/22/1989

3a. Date of Last Report

04/30/1996

4. FEI Number

59-2957131

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

10. Name and Address of New Registered Agent

SCHAEFER, STEVEN R
3867 S. NOVA ROAD
PORT ORANGE FL 32127

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 PD
NAME SCHAEFER, STEVEN R.
STREET ADDRESS 3867 S. NOVA ROAD
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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 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:

1-24-97 (904) 788-0613

CR2E034 (9/96)