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

APPROVED AND FILED

1995 MAY -1 PM 0:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/18/95--01013--023
****225.00 ****225.00

DOCUMENT # **L27823** **(8)**

1. Corporation Name
SCHULTZ PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
118 WEST ADAMS ST. SUITE 3-A JACKSONVILLE FL 32202	118 WEST ADAMS ST. SUITE 3-A JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: **11/06/1989**
3a. Date of Last Report: **02/11/1994**

2. Principal Place of Business (21): 2a. Mailing Address (26):
Suite, Apt. #, etc. (22): Suite, Apt. #, etc. (27):
City & State (23): City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: **59-2980934** ☐ 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

9. Name and Address of Current Registered Agent

FOSTER, SCOTT R.
118 WEST ADAMS ST.
SUITE 3-A
JACKSONVILLE FL 32202

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	DC ☐ Change ☐ Addition
NAME	SCHULTZ, JOHN R.	12 NAME	Schultz, John R.
STREET ADDRESS	118 W ADAMS ST, STE 3-A	13 STREET ADDRESS	118 W. Adams St., Ste 3-A
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville, FL
TITLE	D	21 TITLE	D ☐ Change ☐ Addition
NAME	FOSTER, SCOTT R.	22 NAME	Foster, Scott
STREET ADDRESS	118 W ADAMS ST, STE 3-A	23 STREET ADDRESS	118 W. Adams St. Ste 3-A
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville, FL
TITLE	D	31 TITLE	D ☐ Change ☐ Addition
NAME	ADDISON, GRAFTON D	32 NAME	Addison, Grafton D.
STREET ADDRESS	118 W ADAMS ST, STE 3-A	33 STREET ADDRESS	118 W. Adams St. Ste 3A
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Jacksonville, FL
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	SHAW, RALPH J	42 NAME	
STREET ADDRESS	118 W ADAMS ST, STE 3-A	43 STREET ADDRESS	Deleted - Shaw, Ralph
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	TAW 5-1-95
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: John R. Schultz 5/1/95 904-354-1789
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0018A19 CP