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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:07

DOCUMENT # **M98897** **(5)**

1. Corporation Name
SCHREINER ENTERPRISES, INC.

Principal Place of Business	Mailing Address
P O BOX 931 LEHIGH ACRES, FL 33970	P O BOX 931 LEHIGH ACRES, FL 33970

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/16/1988
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 65-0102220 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SINKOVITS, ANGELA
~~19964 LAKE VISTA~~ 757 BENTLY ST. E.
LEHIGH ACRES FL ~~33936~~ 33936

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	X ☐ Change ☐ Addition
NAME	SCHREINER, ERICH	1.2 NAME	SCHREINER, ERICH	
STREET ADDRESS	302 LEE BLVD STE 105	1.3 STREET ADDRESS	757 Bently St. E.	
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP	LEHIGH ACRES, FL 33936	
TITLE	SD	2.1 TITLE	VSD	X ☐ Change ☐ Addition
NAME	SINKOVITS, ANGELA	2.2 NAME	SINKOVITS, ANGELA	
STREET ADDRESS	19964 LAKE VISTA	2.3 STREET ADDRESS	757 Bently St. E.	
CITY-ST-ZIP	LEHIGH ACRES FL	2.4 CITY-ST-ZIP	LEHIGH ACRES, FL 33936	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 added on an attachment with an address.

SIGNATURE: Angela Sinkovits, Vice-Pres. 1/20/95 (813) 368-7396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0495000 FF