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**PASINONPROFIT CORPORATION**  
**ANNUAL REPORT**  
**1996**



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

**DOCUMENT # N42778 (3)**

1. Corporation Name

**FLORIDIANS FOR TAX RELIEF INC.**

Principal Place of Business

**1235 CORAL WAY  
CORAL GABLES FL 33134**

Mailing Address

**1235 CORAL WAY  
CORAL GABLES FL 33134**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**SCHULTE, GEORGE A.F., SR., CHAIRMAN  
1235 CORAL WAY  
CORAL GABLES FL 33134 (RESIDENCE)**

3. Date Incorporated or Qualified  
**03/21/1991**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**NOT APPLICABLE**

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

81 Name

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

83

84 City

**DAVID L. BIDDULPH, PRES.**

**4194 50 ATLANTIC AVE.**

**NEW SMYRNA BEACH FL**

85 Zip Code

**32169**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*David L. Biddulph*  
Signature of Registered Agent and title if applicable.

*President*

*4-12-96*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **HEVSON, WM. G.**  
STREET ADDRESS **5978 MILLER DR**  
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE  
NAME **SCHULTE, GEORGE A.F., JR**  
STREET ADDRESS **1235 CORAL WAY**  
CITY-ST-ZIP **CORAL GABLE FL**

TITLE **DSWC** ☐ DELETE  
NAME **SCHULTE, GEORGE A.F., SR**  
STREET ADDRESS **1235 CORAL WAY**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*George A.F. Schulte Sr, CHRM*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*CHECK # 1434 \$61.25 FEE*

*4/12/96 305 4480958*  
DATE DAYTIME PHONE #

CR2E037 (12/95)