

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P07916

(0)

1. Corporation Name

SCHMIDT, GARDEN & ERIKSON, INC.

Principal Place of Business

**% DANIEL S. SAGAN
5700 MIDNIGHT PASS ROAD
SARASOTA FL 34242**

Mailing Address

**% DANIEL S. SAGAN
5700 MIDNIGHT PASS ROAD
SARASOTA FL 34242**

**APPROVED
AND
FILED**

95 APR 19 AM 3:04

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1985

3a. Date of Last Report

03/16/1994

4. FEI Number

36-3282626

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SAGAN, DANIEL S.
5700 MIDNIGHT PASS ROAD
SARASOTA FL 34242**

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

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

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LANGE, ROBERT F.
STREET ADDRESS	104 S. MICHIGAN AVENUE
CITY - ST - ZIP	CHICAGO IL
TITLE	SVD
NAME	GAGARIN, FRANK P.
STREET ADDRESS	104 S. MICHIGAN AVENUE
CITY - ST - ZIP	CHICAGO IL
TITLE	VD
NAME	SAGAN, DANIEL S.
STREET ADDRESS	5700 MIDNIGHT PASS RD
CITY - ST - ZIP	SARASOTA FL
TITLE	TVD
NAME	DAHL, ROBERT J.
STREET ADDRESS	104 S. MICHIGAN AVENUE
CITY - ST - ZIP	CHICAGO IL
TITLE	D
NAME	RODECK, WILLIAM F.
STREET ADDRESS	104 S. MICHIGAN AVENUE
CITY - ST - ZIP	CHICAGO IL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P T D	☒ Change ☐ Addition
1.2 NAME	Frank P. Gagarin	
1.3 STREET ADDRESS	104 S. Michigan Avenue	
1.4 CITY - ST - ZIP	Chicago, IL 60603	
2.1 TITLE	V S D	☒ Change ☐ Addition
2.2 NAME	Daniel S. Sagan	
2.3 STREET ADDRESS	5700 Midnight Pass Road	
2.4 CITY - ST - ZIP	Sarasota, FL 34242	
3.1 TITLE	Please note:	☐ Change ☐ Addition
3.2 NAME	Robert F. Lange is deceased	
3.3 STREET ADDRESS	Robert F. Dahl is retired	
3.4 CITY - ST - ZIP	William Rodeck is retired	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Frank P. Gagarin
Frank P. Gagarin

President

April 12, 1995 312/332-5070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number