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FILED

Feb 18 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 # P92000006209 (0)

1. Corporation Name

SCHWEIZER PLANNING & DESIGN, INCORPORATED

Principal Place of Business

1290 PALMETTO AVE  
WINTER PARK FL 32789  
US

Mailing Address

1290 PALMETTO AVE  
WINTER PARK FL 32789-4914  
US



3. Date Incorporated or Qualified

11/18/1992

3a. Date of Last Report

01/26/1996

4. FEI Number

59-3175446

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

LINDUFF, KRISTEN  
2584 LAKE HOWELL LANE  
WINTER PARK FL 32792

PAULA HORNBERGER

10. Name and Address of New Registered Agent

81 Name

PAULA HORNBERGER

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

417 E LAKE SHORE DR

83

84 City

OCOCEE

FL

85 Zip Code

34761

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

Paula R Hornberger, Bookkeeper

(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	PTD	<input checked="" type="checkbox"/> DELETE
NAME	SCHWEIZER, MARK	
STREET ADDRESS	2584 LAKE HOWELL LANE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LINDUFF, KRISTEN	
STREET ADDRESS	2584 LAKE HOWELL LANE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHWEIZER, KAROLE	
STREET ADDRESS	2584 LAKE HOWELL LANE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STRONG, KENNETH A	
STREET ADDRESS	210 SOUTHCOT DRIVE	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVID OGLE	
1.3 STREET ADDRESS	1524 WINDCREMERE RD	
1.4 CITY-ST-ZIP	WINTER GARDEN, FL 34787	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PAULA HORNBERGER	
2.3 STREET ADDRESS	417 E LAKE SHORE DR	
2.4 CITY-ST-ZIP	OCOCEE FL 34761	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Paula R Hornberger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/14/97 407-628-8869

Date

Daytime Phone #

CR2E034 (9/96)