

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000028348 (9)

1. Corporation Name

CARL D. SCHUMANN, INC.



Principal Place of Business

Mailing Address

2217 ARBOR WALK CIRCLE
NAPLES FL 33942

2217 ARBOR WALK CIRCLE
NAPLES FL 33942

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 540 5th St. NW

22 City & State

27 Naples, FL

23 Zip Country

28 34109 USA

3. Date Incorporated or Qualified

04/15/1993

3a. Date of Last Report

05/18/1995

4. FEI Number

65-0404555

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

SCHUMANN, CARL D
2217 ARBOR WALK CIRCLE
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name CARL D. Schumann

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

540 5th St. NW

83

34120

84 Naples

FL 85 Zip Code

34109

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 type is printed on filing envelope and the applicable

(No fee for registered agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SCHUMANN, CARL D
STREET ADDRESS 2217 ARBOR WALK CIRCLE
CITY-ST-ZIP NAPLES FL 33942

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
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, unchanged, or on an attachment with an address.

SIGNATURE:

CARL D. SCHUMANN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/96

Digitized by P. J. H.

CR2E034 (3/96)