## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 10 1998 8:00am Secretary of State

Principal Place of Business  1390 E LAKEVIEW DR EUSTIS FL 32728  1390 E LAKEVIEW DR EUSTIS FL 32728  DO NOT WRITE IN THIE  3. Date Incorporated or Qualified 07/01/1993  2. Principal Place of Business 2. Mairing Address 4. FEI Number 2. Seine, Apt. W. etc. 2. Suite, Apt. W. etc. 2. Suite, Apt. W. etc. 2. City & State 2. City & State 2. City & State 2. City & State 3. Description of Sp-3189600  6. Certificate of Status Desired 7. Trust Fund Contribution 7. Trust Fund Contribution 7. Trust Fund Contribution 7. Trust Fund Contribution 7. Pursuant to the provisions of Sections 607 0502 and 607. 1508, Florida Statiutes, the above-named corporation submits this statement for the purpose agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statiutes. 8. Signature required when reconstaing) 9. Date 11. Title 9. DELETE 11. Title	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees current year Intangible Yes No Agent  85 Zip Code
1330 E LAKEVIEW DR EUSTIS FL 32726  2. Principal Place of Businoss 2. Suite, Apt. #, etc. 3. Date Incorporated or Qualified 07/01/1993 4. FEI Number 59-3189600 5. Certificate of Status Desired 5. Certificate of Status Desired 7. Certificate of Status Desired 8. Election Campaign Financing 7. Trust Fund Contribution 7. Certificate of Status Desired 8. Discorporation owes or has paid the certificate 7. Certificate of Status Desired 7. Certificate of Status Desired 8. Trust Fund Contribution 7. Certificate of Status Desired 8. Trust Fund Contribution 7. Certificate of Status Desired 7. Name 8. Trust Fund Contribution 7. Name 8. Trust Fund Contribution 7. Name 8. Street Address of New Registered 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address of Office or registered agent, or both, in the State of Florida Statutes 8. Street Address of of directors. I hereby accept the agent agent, 1 am familiar with, and accept the obligations of Soction 6. Soction 6.0505, Florida Statutes 8. Street Address of Office or registered agent and the Agrainable (Note Registered Agent Signature required when remaining) Date 8. Date 1. Date 1. Title 1. Date 1. Title 1. Date	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees current year Intangible Yes No Agent  85 Zip Code
EUSTIS FL 32726  EUSTIS FL 32726  DO NOT WRITE IN THIS  3. Date Incorporated or Qualified  07/01/1993  2. Principal Place of Business 2. Marling Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 3. City & State 3. Country 4. Fell Number 3. Date Incorporated or Qualified  59-3189600  5. Certificate of Status Desired  Trust Fund Contribution  Trust Fund Contribution  2. Principal Place of Business 3. Election Campaign Financing  Trust Fund Contribution  Trust Fund Contribution  2. Principal Place of Status Desired  5. Certificate of Status Desired  6. Election Campaign Financing  Trust Fund Contribution  Trust Fund Contribution  2. Principal Place of Status Desired  5. Certificate of Status Desired  6. Election Campaign Financing  Trust Fund Contribution  1. Name and Address of New Registered  8. This corporation was or has paid the or Personal Property Tax due June 30  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered  82. Street Address (P.O. Box Number is Not Acceptable)  83. Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607 0502 and 607. 1508. Florida Statutes, the above-named corporation submits this statement for the purpose 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 agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature Syned or punited name of trigetured agent artists of agriculture. (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRE CTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRE CTORS  14. FEI Number  15. Certificate of Status Desired  16. Certificate of Status Desired  17. Pursuant to the provisions of Status Desired  18. Name  19. Name  19. Name and Address of New Registered  19. Name and Address of New Registered  20. Street Address (P.O.	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees current year Intangible Yes No Agent  85 Zip Code
2. Principal Place of Businoss 3. Date Incorporated or Qualified 07/01/1993 4. FEI Number 59-3189800 5. Certificate of Status Desired 5. Election Campaign Financing Trust Fund Contribution  2. Zip 2. Zip 2. Country 2. Zip 2. Country 3. Date Incorporated or Qualified 4. FEI Number 59-3189800 5. Certificate of Status Desired  5. Election Campaign Financing Trust Fund Contribution  2. This corporation owes or has paid the c Personal Property Tax due June 30  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered SCHMIDT, JESSE W 1390 E LAKEVIEW DR EUSTIS FL 32726  81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City F  11. Pursuant to the provisions of Sections 607 050? and 607.1508, Florida Statutos, the above-named corporation submits this statement for the purpose 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 agagnet. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature, typed or predict name of impetitived agent and 1866 if againstife  [NOTE Registered Agent signature required when renatating)  DATE 12. OFFICERS AND DIRE CTORS  13. ADDITIONS/CHANGES TO OFFICERS AND TIME  1.1 ITILE  1.1 ITILE  3. ADDITIONS/CHANGES TO OFFICERS AND TIME IN THE PROPERTY AND TIME IN TIM	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees current year Intangible Yes No Agent  85 Zip Code
2. Principal Place of Business 3. Suite, Apt. #, etc. 3. City & State 3. Election Campaign Financing 3. Trust Fund Contribution 3. Personal Property Tax due June 30. 3. Name and Address of Current Registered Agent 3. Name and Address of New Registered 3. Name and Address of New Registered 3. Name and Address of New Registered 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 3. Street Address (P.O. Box Number is Not Acceptable) 4. Fill Number 1. Number	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees current year Intangible Yes No d Agent  85 Zip Code
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. City & State 2. Country 3. This corporation owes or has paid the conformation of the composition of t	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees current year Intangible Yes No d Agent  85 Zip Code
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  B. This corporation owes or has paid the corporation owes or has pai	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees current year Intangible Yes No d Agent  85 Zip Code
Suite, Apt. #, etc.    Suite, Apt. #, etc.	\$8.75 Additional Fee Required  \$5.00 May Be Added to Fees current year Intangible Yes No d Agent  85 Zip Code
City & State  Election Campaign Financing Trust Fund Contribution  Trust Fund Contribution  Trust Fund Contribution  Description were or has paid the contribution  Personal Property Tax due June 30  Personal Property Tax due June 30  Name and Address of Current Registered Agent  SCHMIDT, JESSE W  1390 E LAKEVIEW DR  EUSTIS FL 32726  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  FI  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statulos, the above-named corporation submits this statement for the purpose 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 again. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  Signature hyred or printed name of registered agent and take if againship.  Signature hyred or printed name of registered agent and take if againship.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND TIME  DELETE  1.1.TITLE	Fee Required  \$5.00 May Be Added to Fees  current year Intangible  Yes No d Agent  85 Zip Code
City & State  Country  Country  Country  R. This corporation owes or has paid the centre personal Property Tax due June 30.  Personal Property Tax due June 30.  SCHMIDT, JESSE W  1390 E LAKEVIEW DR  EUSTIS FL 32726  City  FI  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submitts this statement for the purpose 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 agagent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of ingetimed agent and title diapplicable.  DELETE  11. PILITIE  DELETE  1.1TITE  DELETE  1.1TITE  DELETE  Signature Total Contribution  Trust Fund Contribution  Trust Fund Contribution  Trust Fund Contribution  Trust Fund Contribution  Personal Property Tax due June 30.  Name  10. Name and Address of New Registered  Personal Property Tax due June 30.  Name  Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City  Fi  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submitts this statement for the purpose office or registered agent, or both, in the State of Florida Statutes.  SIGNATURE  Signature, typed or printed name of ingestimed agent and title diapplicable.  NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRE CTORS  13. ADDITIONS/CHANGES TO OFFICERS AND TITLE  Pind Country  12. ADDITIONS/CHANGES TO OFFICERS AND TITLE  13. ADDITIONS/CHANGES TO OFFICERS AND TITLE  14. TITLE  Pind Country  15. ADDITIONS/CHANGES TO OFFICERS AND TITLE  15. TITLE	Added to Fees  urrent year Intangible Yes No d Agent  85 Zip Code
Zip Country Zip Country Signature, typed or position are of rigistated agent and title if applicable Signature, typed or position are of rigistated agent and title if applicable Signature, typed or position and of rigistated agent and title if applicable Signature, typed or position and of the signature is not position. In the State of Florida Signature, typed or position are of rigistated agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  24	Added to Fees  urrent year Intangible Yes No d Agent  85 Zip Code
25 29 30 Personal Property Tax due June 30.  9. Name and Address of Current Registered Agent  SCHMIDT, JESSE W 1390 E LAKEVIEW DR EUSTIS FL 32726  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 4 City  FI  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, the above-named corporation submits this statement for the purpose 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 against. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, byred or purited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND TITLE  P DELETE  1.1TITLE	Yes No d Agent  85 Zip Code
9. Name and Address of Current Registered Agent  SCHMIDT, JESSE W 1390 E LAKEVEW DR EUSTIS FL 32726  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City  FI  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 agagent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature, typed or purited name of inguisticed agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFF ICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND TITLE  P DELETE  1.1 TITLE	d Agent
SCHMIDT, JESSE W 1390 E LAKEVIEW DR EUSTIS FL 32726  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City  F  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutos, the above-named corporation submits this statement for the purpose 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 agagent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature, typed or punited name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFF ICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND TITLE  14. TITLE  DELETE  1.1 TITLE	85 Zip Code
1390 E LAKEVIEW DR EUSTIS FL 32726  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City  F  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 against. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature hyped or position name of registered agent and talled applicable (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND TIME  14. TIME  DELETE  1.1 TIME	L i i i
EUSTIS FL 32726  83  84 City  F  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 apagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature byped or pointed name of registered agent and talled applicable (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND TIME  DELETE 1.1 TITLE	L i i i
83  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 against 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature byted or purified name of registered agent and talls if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE	L i i i
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 argent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature byped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  DELETE  1.1 TITLE  DELETE  DELETE  1.1 TITLE  DELETE  1.1 TIT	L i i i
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 argent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  Signature hyperior pointed name of registered agent and talled applicable (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  DELETE  1.1 TITLE  DELETE  DELETE  1.1 TITLE  DELETE  DELETE  1.1 TITLE  DELETE  DELETE  1.1 TITLE  DELETE  DELETE  DELETE  1.1 TITLE  DELETE  DELETE  1.1 TITLE  DELETE  DELET	L i i i
11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose 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 apparent familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature byted or peritted name of regetured agent and talled applicable   (NoTE: Registered Agent signature required when reinstating)   DATE	<b>L</b>
SIGNATURE Signature. Typed or printed name of registered agent and tills if applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DELETE  1.1 TITLE  P. DELETE  P.	of changing its registered
TITLE P DELETE 1.1 TITLE PD	
	Change Addition
NAME SCHMIDT, JESSE W 1.2 NAME	<b>_</b> ,
STREET ADDRESS 1390 E LAKEVIEW AVENUE 1.3 STREET ADDRESS	
CITY-ST-ZIP EUSTIS FL 1.4 CITY-ST-ZIP	
TITLE V DELETE 21TITLE V D	Change
NAME SCHMIDT, JUNE C 22 NAME	,
STREET ADDRESS 1390 E LAKEVIEW AVENUE 23 STREET ADDRESS	
CITY-ST-ZIP EUSTIS FL 2.4 CITY-ST-ZIP	
TITLE DELETE 3.1 TITLE	☐ Change ☐ Addition
NAME 32 NAME	
STREET ADDRESS 33 STREET ADDRESS	
CITY-ST-ZIP         34. CITY-ST-ZIP           TITLE         DELETE         4.1 TITLE	Change T Addition
	Change Addition
NAME  4 2 NAME  5TREET ADDRESS  4.3 STREET ADDRESS	
STREET ADDRESS  4.3 STREET ADDRESS  CITY-ST-ZIP  4.4 CITY-ST-ZIP	
TITLE DELETE 5.1 TITLE	Change Addition
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP 54 CITY-ST-ZIP	
TITLE DELETE 6.1 TITLE	Change Addition
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	

remove using macine minimization supplied with this filing does not quality 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 eath, that I am an officer or director of the corporation or the receiver or treated 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 transport and the supplementation of the corporation or the receiver or treated address.