

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000054614 (1)

1. Corporation Name

SCHMIDT'S OF AMELIA, INC.

Principal Place of Business

301 1/2 CENTRE ST
FERNANDINA BEACH FL 32034

Mailing Address

301 1/2 CENTRE ST
FERNANDINA BEACH FL 32034

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1993

3a. Date of Last Report

02/28/1994

2. Principal Place of Business

21. 4828 First Coast Highway 1624 Harbor Pt.
Suite, Apt. #, etc.

2a. Mailing Address

25. 1624 Harbor Pt.
Suite, Apt. #, etc.

4. FEI Number

59-3195789

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

22. City & State

23. Amelia Island, Fl.

24. 32034 25. Country

27. City & State

28. Amelia Island, Fl.

29. 32034 30. Country

9. Name and Address of Current Registered Agent

BURGESS, GRANVILLE C
301 1/2 CENTRE ST
FERNANDINA BEACH FL 32034

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 date if applicable

NOTE: Registered Agent signature required when instituting

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SCHMIDT, LISA A
STREET ADDRESS 1624 HARBOR POINT
CITY- ST- ZIP FERNANDINA BEACH FL 32034

TITLE D
NAME SCHMIDT, RICHARD A
STREET ADDRESS 1624 HARBOR POINT
CITY- ST- ZIP FERNANDINA BEACH FL 32034

TITLE D
NAME SCHMIDT, RICHARD S
STREET ADDRESS 1624 HARBOR POINT
CITY- ST- ZIP FERNANDINA BEACH FL 32034

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
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

☐ Change ☐ Addition

☒ Change ☐ Addition

No Longer an Officer

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(b), 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. I am an attached with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

EXPIRATION DATE