

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

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90065 023 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P93000054614**

1. Corporation Name  
**SCHMIDT'S OF AMELIA, INC.**

Principal Place of Business  
~~4802 FIRST COAST HWY~~  
**AMELIA ISLAND FL 32034**  
US

Mailing Address  
~~4802 FIRST COAST HWY~~  
**AMELIA ISLAND FL 32034**  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/04/1993**

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 **22 South 4th St.**  
23 City & State  
**Fernandina Beach, FL**  
24 Zip **32034** 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 **22 South 4th St.**  
28 City & State  
**Fernandina Beach, FL**  
29 Zip **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  
**Terry B. Farmand, CPA**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**303 Centre St., Suite 201**  
83  
84 City  
**Fernandina Beach** 85 Zip Code  
**FL 32034**

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

*Terry B. Farmand* **CPA**

**Terry B. Farmand, CPA**

**4-14-99**

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	D	<input type="checkbox"/> DELETE
NAME	<b>SCHMIDT, LISA A</b>	
STREET ADDRESS	<del>2955 ROBERT OLIVER AVE</del>	
CITY-ST-ZIP	<b>FERNANDINA BEACH FL 32034</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>SCHMIDT, RICHARD S</b>	
STREET ADDRESS	<b>2328 SADLER RD</b>	
CITY-ST-ZIP	<b>FERNANDINA BEACH FL 32034</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>22 South 4th St.</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE:

*Katherine Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/99 (904) 261-6184**  
Date Daytime Phone #

CR2E034 (11/98)