

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000079131 (7)

1. Corporation Name

SCHNEIDER'S SERVICES, INC.



Principal Place of Business

18 W APPALOOSA TRAIL
RIVER RANCH FL 33867

Mailing Address

PO BOX 30349
RIVER RANCH FL 33867-0349

2. Principal Place of Business

2a. Mailing Address

21 65 BLACKJACK AVENUE

26 65 BLACKJACK AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 FROSTPROOF, FL.

28 FROSTPROOF, FL.

Zip

Zip

Country

Country

24 33843

25 U.S.A.

29 33843

30 U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/08/1993

3a. Date of Last Report
04/19/1995

4. FEI Number

59-3214710

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

10. Name and Address of New Registered Agent

CIOFFI, JAMES A
250 TEQUESTA DR
SUITE 200
TEQUESTA FL 33469

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 state of residence

(NOTE: Registered Agent Signature required when re-stating)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D SCHNEIDER, DALE

STREET ADDRESS PO BOX 30349 N/A

CITY-ST-ZIP RIVER RANCH FL 33867-0349

ADDRESS
CHANGE

TITLE ☐ DELETE

NAME D SCHNEIDER, FLORINNE

STREET ADDRESS PO BOX 30349 N/A

CITY-ST-ZIP RIVER RANCH FL 33867-0349

ADDRESS
CHANGE

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D SCHNEIDER, DALE

65 BLACKJACK AVENUE

FROSTPROOF, FL. 33843

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D SCHNEIDER, FLORINNE

65 BLACKJACK AVENUE

FROSTPROOF, FL. 33843

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dale W. Schneider

DALE W. SCHNEIDER
PRESIDENT

3-19-96 (941)635-4266

Date

Daytime Phone

CR2E034 (12/95)