

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 23 1997 8:00am
Secretary of State

DOCUMENT # P93000079131 (7)

1. Corporation Name
SCHNEIDER'S SERVICES, INC.



Principal Place of Business

65 BLACKJACK AVENUE
FROSTPROOF FL 33843
US

Mailing Address

65 BLACKJACK AVENUE
FROSTPROOF FL 33843-1703
US

2. Principal Place of Business

21 18 W. APPALOOSA TRAIL

Suite, Apt. #, etc.

22

City & State

23 RIVER RANCH, FLORIDA

Zip

24 33867

Country

25 U.S.A.

2a. Mailing Address

26 P.O. BOX 30349

Suite, Apt. #, etc.

27

City & State

28 RIVER RANCH, FLORIDA

Zip

29 33867-0349

Country

30 U.S.A.

3. Date Incorporated or Qualified

11/08/1993

3a. Date of Last Report

04/23/1996

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

9. Name and Address of Current Registered Agent

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SCHNEIDER, DALE
STREET ADDRESS 65 BLACKJACK AVENUE
CITY-ST-ZIP FROSTPROOF FL

ADDRESS
CHANGE

TITLE D ☐ DELETE

NAME SCHNEIDER, FLORINNE
STREET ADDRESS 65 BLACKJACK AVENUE
CITY-ST-ZIP FROSTPROOF FL

ADDRESS
CHANGE

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME SCHNEIDER, DALE W. 18 W. Appaloosa Trail
1.3 STREET ADDRESS P.O. BOX 30349
1.4 CITY-ST-ZIP RIVER RANCH, FL. 33867-0349

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME SCHNEIDER, FLORINNE
2.3 STREET ADDRESS P.O. BOX 30349 18 W. Appaloosa Trail
2.4 CITY-ST-ZIP RIVER RANCH, FL. 33867-0349

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Dale W. Schneider* DALE W. SCHNEIDER
PRESIDENT

3-13-97

(941) 692-9718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)