FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 FEB 16 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****208.75 ****208.75

DOCUMENT # P94000003438 (6)

1. Corporation Name
ANDREW SCHMIDT, INC.

Principal Place of Business	Mailing Address
8167B ANDOVER CT LAKE CLARK SHORES FL 33406	8167B ANDOVER CT LAKE CLARK SHORES FL 33406

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/13/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 8081 West Lake Drive
22: Suite, Apt. #, etc.
23: City & State: Lake Clarke Shores, FL 33406
24: Zip: 33406
25: Country: USA

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0457070
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

SCHMIDT, C. ANDREW
ANDOVER CT
ARK SHORES FL 33406

10. Name and Address of New Registered Agent

91 Name:
92 Street Address (P.O. Box Number is Not Acceptable): 8081 West Lake Drive
93:
94 City: Lake Clarke Shores FL 95 Zip Code: 33406

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: C. Andrew Schmidt VP (Signature, typed or printed name of person signing on behalf of Registered Agent) (NOTE: Registered Agent signature required when reinstating) DATE: 2/8/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT	1.1 TITLE	☐ Change ☐ Addition
NAME	C. Andrew Schmidt	1.2 NAME	
STREET ADDRESS	8081 West Lake Drive	1.3 STREET ADDRESS	
CITY-ST-ZIP	Lake Clarke Shores, FL 33406	1.4 CITY-ST-ZIP	
TITLE	SECRETARY	2.1 TITLE	☐ Change ☐ Addition
NAME	Ashley Clark Schmidt	2.2 NAME	
STREET ADDRESS	8081 West Lake Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	Lake Clarke Shores, FL 33406	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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)(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: C. Andrew Schmidt 2/8/95 407-844-1940
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0248140 CP