## 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

## DOCUMENT # P9400003438 (6)

ANDREW SCHMIDT, INC.

Principal Place of Business Mailing Address 8081 WEST LAKE DR **8081 WEST LAKE DR** LAKE CLARK SHORES FL 33406 LAKE CLARKE SHORES FL 33406-8630 3. Date Incorporated or Qualified 3s. Date of Last Report 01/13/1994 01/29/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0563672 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation has liability for intengible tax under s. 199.032, 🌄 Yes 🔲 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCHMIDT, C. ANDREW 8081 WEST LAKE DR. 82 Street Address (P.O. Box Number is Not Acceptable) LAKE CLARK SHORES FL 33406 63 City Zip Code 11. Pursuant to the previsions 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 Storature, typod or portion name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) DELETE Change Addition 1.1 TITLE TITLE SCHMIDT, ANDREW C NAME 12 NAME 8081 WEST LAKE DR. STREET ADDRESS 1.3 STREET ADDRESS LAKE CLARKE SHORES FL 33406 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE SCHMIDT, ASHLEY C NAME 2.2 NAME 8081 WEST LAKE DR. STREET ADDRESS 2.3 STREET ADDRESS LAKE CLARKE SHORES FL 33406 CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE UNE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME NAME

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 tann 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STHELL ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-51-20F

TITLE

TITLE

NAME

IGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

561-844-1940 Daytime Phone 4

Change

Change

Addition

Addition

**FILED** 

Apr 18 1997 8:00am

Secretary of State

none #