SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995 8-8-95 B-8133-C

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

FILED
95 AUG -8 AM 10:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000021785 (8)

1. Corporation Name
SCHLEIDER'S ENTERPRISES, INC.

Principal Place of Business	Mailing Address
8457 SAND LAKE SHORE CT ORLANDO FL 32836	8457 SAND LAKE SHORE CT ORLANDO FL 32836

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/17/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 5122 Water Vista Dr
22: Suite, Apt. #, etc.
23: City & State: ORLANDO, Florida
24: Zip: 32821
25: Country:

2a. Mailing Address
26: 5122 Water Vista Dr
27: Suite, Apt. #, etc.
28: City & State: ORLANDO, Florida
29: Zip: 32821
30: Country:

4. FEI Number: 59 323 4704 ☐ 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHLEIDER, CHARLES
8457 SAND LAKE SHORE CT
ORLANDO FL 32836

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	Schleider, Charles	☐ Change ☐ Addition
NAME	SCHLEIDER, CHARLES	12 NAME		
STREET ADDRESS	8457 SAND LAKE SHORE CT	13 STREET ADDRESS	5122 Water Vista Dr	
CITY-ST-ZIP	ORLANDO FL 32836	14 CITY-ST-ZIP	ORLANDO, FL 32821	
TITLE	D	21 TITLE	Schleider, Kathleen	☐ Change ☐ Addition
NAME	SCHLEIDER, KATHLEEN	22 NAME		
STREET ADDRESS	8457 SAND LAKE SHORE CT	23 STREET ADDRESS	5122 Water Vista Dr	
CITY-ST-ZIP	ORLANDO FL 32836	24 CITY-ST-ZIP	ORLANDO, FL 32821	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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: Charles Schleider Pres 7/27/95 (407) 678-1741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014303 CP