

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000036227

1. Corporation Name

Schmidt Brothers Development Corp, Inc.
4711 STONE Hollow Ct.

Principal Place of Business

4711 Stone Hollow Ct. P.O. Box 2516
Valrico, FL 33594 Brandon, FL
33509-2516

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

Schmidt, RANDALL
4711 Stone Hollow Ct.
Valrico, FL 33594

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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed in block of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when changing agent.)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE [DELETE]

NAME Schmidt, RANDALL
STREET ADDRESS 4711 Stone Hollow Ct.
CITY-STATE-ZIP VALRICO, FL 33594

TITLE [DELETE]

NAME D V. Pres
STREET ADDRESS Schmidt, Andrew
4711 Stone Hollow Ct.
CITY-STATE-ZIP VALRICO, FL 33594

TITLE [DELETE]

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [DELETE]

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [DELETE]

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [DELETE]

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [DELETE] [ADD]

12 NAME 3000002867673--9

13 STREET ADDRESS -05/07/99--01104--019

14 CITY-STATE-ZIP ****150.00 ****150.00

21 TITLE [DELETE] [ADD]

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE [DELETE] [ADD]

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE [DELETE] [ADD]

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE [DELETE] [ADD]

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE [DELETE] [ADD]

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(n), 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

(813)689-0048

FILED

09 MAY -3 PM 5:08

STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

5/09/94

4. FET Number

59-3249323

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Annual

Fee Requested

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax

Yes

No

10. Name and Address of New Registered Agent

CR2E034 (11/98)