

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # ~~PA10532000~~ P94000093791

1. Corporation Name

SCHMITZ CORPORATION

Principal Place of Business

Mailing Address

4703 S.W. 24th PL
CAPE CORAL, FL
33904

4703 SW 24th PL
CAPE CORAL, FL
33904

3. Date Incorporated or Qualified

12-29-94

3a. Date of Last Report

3-28-95

2. Principal Place of Business

2a. Mailing Address

21 4703 SW 24th PL

26

4. FEI Number

65-0552092

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032

Florida Statutes

☒ Yes

☐ No

23

City & State

27

City & State

24

Zip

Country

29

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CSC NETWORK
1201 HAYES ST.
TALLAHASSEE, FL 33919
32301

81 Name

HEIDE BLAIR

82

Street Address (P.O. Box Number is Not Acceptable)

13650 BRYNWOOD LN SE

83

FOOT MYERS

84

City

FL

85 Zip Code

33912

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

HEIDE BLAIR

Heide Blair

2-15-96

Signature typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME PIT
STREET ADDRESS WERNER SCHMITZ
CITY-STATE-ZIP 4703 SW 24th PL
CAPE CORAL, FL 33904

TITLE ☐ DELETE
NAME VP/S
STREET ADDRESS HANNELORE SCHMITZ
CITY-STATE-ZIP 4703 SW 24th PL
CAPE CORAL, FL 33914

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

500001747555
-03/18/96--01093--007
***200.00

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)(k), 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:

Schmitz W. Pres Schmitz, H. VP/S

Date

Daytime Phone #

941-542-7889

CR2E034 (12/95)