FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000005408 (6)**

1. Corporation Name

SCHMOLING & ASSOCIATES, INCORPORATED

Principal Place of Business	Mailing Address
16511 BLENHEIM DRIVE LUTZ FL 33549	16511 BLENHEIM DRIVE LUTZ FL 33549

3. Date Incorporated or Qualified: 01/20/1995

3a. Date of Last Report:

4. FEI Number: 59-3292996 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

9. Name and Address of Current Registered Agent

SCHMOLING, GERALD R
16511 BLENHEIM DRIVE
LUTZ FL 33549

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 607.0505 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	SCHMOLING, GERALD		2 NAME	
STREET ADDRESS	16511 BLENHEIM DRIVE		3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549		4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	SIMON, JOHN		2 NAME	
STREET ADDRESS	410 N. WOODWARD AVE.		3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL OAK MI 48067		4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	1 TITLE	☒ Change ☐ Addition
NAME	DANIELS, ALEXANDRIA		2 NAME	
STREET ADDRESS	1800 PARK AVE., APT 349		3 STREET ADDRESS	10333 Arrow Lakes Dr. E
CITY-ST-ZIP	ORANGE PARK FL 32703		4 CITY-ST-ZIP	Jacksonville, FL 32257
TITLE	SD	☒ DELETE	1 TITLE	SD ☐ Change ☒ Addition
NAME	TAYLOR, ROBERT JR.		2 NAME	Philip Kagan
STREET ADDRESS	4329 N. ARMENIA AVE.		3 STREET ADDRESS	1607 116 Ave NE, #104
CITY-ST-ZIP	TAMPA FL 33607		4 CITY-ST-ZIP	Bellevue, WA 98004
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			7 STREET ADDRESS	
CITY-ST-ZIP			8 CITY-ST-ZIP	
TITLE		☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME			10 NAME	
STREET ADDRESS			11 STREET ADDRESS	
CITY-ST-ZIP			12 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true, accurate and complete. For qualification purposes, I further certify that the information indicated on this report or supplemental report is true and accurate and that, upon issuance of a certificate of authorization, the corporation will be qualified to do business in Florida and will maintain a registered agent and office as required by Section 607.0501, Florida Statutes. I further certify 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: _____ 4-1-96 813-948-8373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

Gerald Schmoling

CR2E034 (12/95)