

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

FILED

Apr 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

16511 BLENHEIM DRIVE  
LUTZ FL 33549

Mailing Address

16511 BLENHEIM DRIVE  
LUTZ FL 33549-6811

2. Principal Place of Business

21 16518 N. Florida Ave.

Suite, Apt. #, etc.

22 City & State

23 Lutz Florida

24 Zip

33549

Country

Hillsborough

2a. Mailing Address

26 10 WALTER SANDERS

Suite, Apt. #, etc.

27 City & State

28 Tampa, FL

Zip

33618

Country

3. Date Incorporated or Qualified

01/20/1995

3a. Date of Last Report

04/05/1996

4. FEI Number

59-3292996

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

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

SANDERS, WALTER

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

SUITE ONE

83

13910 N DALE MABRY HWY

84 City

TAMPA

FL

85 Zip Code

33618

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

*Gerald Schmoling*

WALTER SANDERS 3-3-97

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

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SCHMOLING, GERALD  
STREET ADDRESS 16511 BLENHEIM DRIVE  
CITY-ST-ZIP LUTZ FL 33549

☐ DELETE

TITLE VD  
NAME SIMON, JOHN  
STREET ADDRESS 410 N. WOODWARD AVE.  
CITY-ST-ZIP ROYAL OAK MI 48067

☒ DELETE

TITLE TD  
NAME DANIELS, ALEXANDRIA  
STREET ADDRESS 10333 ARROW LAKES DR E  
CITY-ST-ZIP JACKSONVILLE FL

☒ DELETE

TITLE SD  
NAME KAGAN, PHILIP  
STREET ADDRESS 1607 116 AVE NE 104  
CITY-ST-ZIP BELLEVUE WA

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD  
1.2 NAME Amalia Schmoling  
1.3 STREET ADDRESS 16511 Blenheim Dr.  
1.4 CITY-ST-ZIP Lutz, FL 33549

☐ Change

☒ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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 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:

*Gerald Schmoling*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/97 813-269-4616  
Date Daytime Phone

CR2E034 (9/96)