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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000027071 (6) DOCUMENT #

SCHOENBORN AND DOLL ENTERPRISES. INC.

Principal Place of Business Mailma Address 9471 BAYMEADOWS ROAD 9471 BAYMEADOWS ROAD JACKSONVILLE FL 32258-0154 JACKSONVILLE FL 32256 3a. Date of Last Report 3. Date Incorporated or Qualified 03/30/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. Ff I Number Applied For 59-3308416 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country $Z_{\rm ID}$ 8. This corporation has liability for intangible tax under s. 199.032 Yes No Llorida Statutes 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SCHOENBORN, MARK E 9471 BAYMEADOWS ROAD Street Address (P.O. Box Number is Not Acceptable) #108 83 JACKSONVILLE FL 32256 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. 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELFTE Change Addition 1.1 TITLE TITLE SCHOEWBORN, MARK 1.2 NAME NAME 9471 BAYMEADOWS ROAD 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32256 1.4 C(1Y-ST-7)P CITY-ST-ZIP Addition DELFTE Change 21 TITLE TITLE **DOLL. CHARLES** 2.2 NAME NAME 10950-14 SAN JOSE BOULEVARD STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32223 CITY-ST-ZIP 2.4 CHY-ST-7IP DELETE ☐ Change ■ Addition TITLE 3.1 DILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHY-\$1-7IP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAMI: NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE **5.2 NAME** NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 C(1Y - S1 - 2(P) CITY-ST-ZIP DELETE ☐ Change Addition 6.1 1111 F TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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), Elorida 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 logal 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 or Block 14 or Block 15 or Bloc

6.4 DITY - ST - ZIP

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1/22/92

FILED

Jun 18 1997 8:00am

Secretary of State