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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90222 014 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P95000027071**1. Corporation Name

Principal Place of Business

SCHOENBORN AND DOLL ENTERPRISES, INC.

9471_BAYMEAD #108	OWS ROAD			TMEAUUW	S-MUAU-					
JACKSONVILLE FL 32256			#108 Jacksonville fl 32256							DO NOT WRITE IN THIS SPACE
										3. Date Incorporated or Qualifed
										03/30/1995
2. Principal Place of Business			2a. Mailing Address							4, FEI Number Applied For
21			26							59-3308416 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.							5. Certificate of Status Desired
			27							5. Certificate of Status Desired
City & State			City & State							6. Election Campaign Financing \$5.00 May Be
23		28								Trust Fund Contribution Added to Fees
Zip	Country		Zip			Cou	ntry			8. This corporation owes the current year Intangible
24	25	29			3	30				Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Current	Regis	sterec	Agent						10. Name and Address of New Registered Agent
							81	Name		
SCHOENBORN, MARK E			Į g			82	32 Street Address (P.O. Box Number is Not Acceptable)			
9471 BAYMEADOWS ROAD			30			Ollect	BY Additions (1 O. Box Hombar to Hot / Bosphasor)			
#108						83				
JACKSONVILLE FL 32256			<u>ستنتشر بدندشد</u> مستهون مترتبط مده <u>استحدد م</u>			=	City			
							84	City		FL 85 Zip Code
11 Purcuant	to the provisions of Sections 607 0502	and 6	507.15	08. Florid	a Statute	s. the a	bove	e-named	corpor	ration submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State of	Flori	da Si	uch chang	e was au	thonzed	יעם נ	the corp	oration	's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligation	ons o	r, Seci	tion 607.0	505, Flori	da Stat	utes	i.		
SIGNATURE	Signature, typed or printed name of registered agent a		if applie	able	/NOTE:	Pacietarea	Agen	at eignatura r	ognired w	when reinstating) DATE
42	OFFICERS AND				(14012.1	13.	ngon	it signature i	adance	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	P	D., (1		DEI	LETE	1.1 11	TLE			☐ Change ☐ Addition
	SCHOEWBORN, MARK					1.2 N				
NAME	,					1		T ADDDECC		
STREET ADORESS								T ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32256			☐ DE	CTE	_		T-ZIP		☐ Change ☐ Addition
TITLE	VP				LEIE	2.1 TI				- Ormigo - Addiso
NAME	DOLL, CHARLES					2.2 N				
STREET ADORESS	10950-14 SAN JOSE BOULEVAR	IU				2.3 S	TREET	TADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL-32223							ST-ZIP		Channe Clause
TITLE				☐ DE	LETE	3.1 TI	TLE			Change Addition
NAME						3.2 N	AME		ļ	
STREET ADDRESS						3.3 S	TREET	T ADDRESS		
CITY-ST-ZIP			•			3.4. C	ITY-S	ST-ZIP		
TITLE	. سنجه اليسامين المسامين المامين	~		DE	LETE	~ '4.1∙∏	TLE~			Change Addition
NAME						4. 2 N	AME			
STREET ADORESS						4.3 S	TREET	T ADDRESS		
CITY-ST-ZIP						4.4 C	TY-\$	T-ZIP	-	
TITLE				☐ DĒ	LETE	5.1 TI				☐ Change ☐ Addition
NAME						5.2 N	AME			
STREET ADDRESS					•	5.3 S	TREE	TADDRESS	j	
CITY-ST-ZIP						5.4 C	ITY-S	T-ZIP		
TITLE				☐ DE	LETE	6.1 Ta				☐ Change ☐ Addition
						6.2 N	AME			
NAME								TADDRESS	ł	
STREET ADDRESS						ı		T-ZIP		
CITY-ST-ZIP	notify that the information aumilied with	this	filica	loge pot a	ualify for				l din Se	ection 119.07(3)(i), Florida Statutes. I further certify that the information
indiantad	on this appual report or supplemental s	nniis	il ronn	urtie true a	ind accur	ote and	ltha	it mv siar	ature s	shall have the same legal effect as it made under cath; that I am an
officer or	director of the corporation or the receiv	eror	truste	e empowe	ered to ex	ecute t	his r	eport as	require	ed by Chapter 607, Florida Statutes; and that my name appears in
DIOCK 12	or Block 13 if changed, or on an attach	7") (7 address	, will alt	vuisi III	.c e	bowere	J .	10,497799-2884
SIGNAT	TIPE: SIGNA	A.	41	《 下 :	EOI		5	(C)		(704) (71000)
SIGINAL	UNE.	M. II	42/11	~ · - 3 · L //		<u></u>	ا الكنت	a. Tor		Data Davime Phone #