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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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P95000049237 (7) DOCUMENT #

KLUG & SCHUMACHER, INC.

25

Principal Place of Business 2505 ORLEANS AVE. LAKELAND FL 33803

Suite, Apt. #, etc.

City & State

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Principal Place of Business

Mailing Address

2a. Mailing Address

Oty & State

 $Z_{10}$ 

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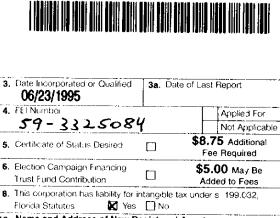
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9. Name and Address of Current Registered Agent

2505 ORLEANS AVE. LAKELAND FL 33803

Suite, Apt. #, etc.



KLUG, DAVID K 2505 ORLEANS AVE. LAKELAND FL 33803

10. Name and Address of New Registered Agent					
81	Name				
82	Street Address (P.O. Box Number is Not Acceptable)				
83					

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. Thereby accept the appointment as registered agent. I am with, and accept the obligations of, Section 607.0505. Florida Statutes

Country

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SIGNATURE Signature, typed or o'd field sene of registered a jettland Mining spillation and the Proposed Agent registered registered registered agent registere								
12.	OFFICERS AND DIRECTORS	13.	Topinsol vibraneous and					
THE	[] DELETE	1 1 T-TLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  P					
NAME		1.2 NAME						
STREET ADDRESS		1.3 STREET ADDRESS	David Keith Klug 2505 orleans AR. Lakeland , FL 33803					
CITY-ST-ZIP		1.4 CITY ST-ZIP	Lakeland FL 33803					
TITLE	DELETE	2 1 11/16	Change 🔀 Addition					
NAME		2.2 NAME	·					
STREET ADDRESS		2.3 STREET ADDRESS	Darwin Dale Klug 2505 Orleans AW.					
CITY - ST - ZIP		2.4 C(TY - ST - Z(P)	Lakeland, FL 33803					
THILE	DELETE	3 1 TITLE	☐ Change ☐ Addition					
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS						
CHTY-ST-ZIP		3.4 CITY - ST - ZIP						
TITLE	DELEJE .	4 1 TIILE	Change Addition					
NAME		4.2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS						
CITY - ST-ZIP		4.4.0(TY+ST+Z)P						
THTLE	[] DELETE	5 1 TrillE	☐ Change ☐ Addition					
NAME		5.2 NAME						
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CITY - ST - ZIP		5 4 CITY - S1 - 2IP						
TITLE	☐ Det E 'E	6 1 TIT; E	Change Addition					
NAME		6.2 NAME						
STREET ADDRESS		6.3 STREET ADDRESS						
CITY-ST-ZIP		6.4.01TY-ST-7iP						

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 armost report or supply hental annual report is true and accurate and triat my signature shall have the same legal effect as if made under oath; that I am an officer or director of the conforation or true fections or trusted 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 attackment with a address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR KING (V) 4/8/96 (941) 687-8425