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 CURPORATIONS

1996
DOCUMENT #
1. Corporation Name

SIGNATURE:

P95000050745 (5)

STANLEY R. SCHMIDT, P.A.										
Principal Place o	of Business	Mailing Address					416) 48 6)) 48 1 9 1		IDDII DIBBI DIN HOBI	
433 SILVER BEACH AVENUE SUITE 202 DAYTONA BEACH FL 32118		433 SILVER BEACH AVENUE SUITE 202 DAYTONA BEACH FL 32118			2 Date Incorporated as Qualified	Tan Data	of Loct E	Panart		
					3. Date Incorporated or Qualified 06/28/1995					
2. Principal Plac	ce of Business	2a. Mailing Address 26	26			4. FEI Number 59.3330072		Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	¬			This corporation has liability for intangible tax under s 199.032, Florida Statutes				
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New F	legistered A	igent		
				81	Name					
SCHMIDT, STANLEY R P.A. 433 SILVER BEACH AVE.					Street Ac	ess (P.O. Box Number is Not Acceptable)				
SUITE				83						
DAYTO	NA BEACH FL 32118			84	City		FL	85 Z	(ip Code	
or registere familiar with	the provisions of Sections 607.0502 d agent, or both, in the State of Flori n, and accept the obligations of, Sect	da. Such change was author	ized by the	corp	named corp oration's bo	oration submits this statement for the pu pard of directors. I hereby accept the app	rpose of cha ointment as	nging its registered	registered office d agent. I am	
SIGNATUREs	Ignature, typed or printed name of registered agent	and title if applicable. (I	NOTE: Registered	d Age	nt signature requ	lired when reinstating)	DATE			
12.			13.	13.		ADDITIONS/CHANGES TO OF	ICERS AND	DIRECT	ORS IN 12	
TITLE	PSTD	☐ DELETE		1. 1 TITLE] Change	☐ Addition	
NAME	SCHMIDT, STANLEY R		1.2 N		1					
STREET ADDRESS	5574 TRAIL SIDE DRIVE		1		r address					
CITY+S1-ZIP	PORT ORANGE FL 32127	PORT ORANGE PL 32121		1.4 CITY - ST - ZIP 2 1 TITLE				7 Change	Addition	
TITLE NAME			2 2 NAME				L.	j change		
STREET ADDRESS					ADDRESS					
CITY-SI-ZIP					ST-ZIP					
TILE		☐ DELETE		TITLE				Change	☐ Addition	
NAME			3 2 N	IAME						
STREET ADDRESS			3 3. 3	STREE	T ADDRESS					
CITY - ST - ZIP		<u></u>			ST - ZIP					
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NAME				IAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		☐ DELETE			ST-ZIP		Г	1 Change	Addition	
TITLE			5 11	(AME			L	7 Outside		
NAME STREET ADDRESS			•		TADDRESS					
			•							
DITY-ST-ZIP TITLE				5.4 CITY-ST-ZIP 6. 1 TITLE				Change	☐ Addition	
NAME		_	1	IAME			_	-		
STREET ADDRESS					T ADDRESS					
CHTY-ST-ZIP			640	HTY-	ST-ZIP					
14. I do hereby	certify that the information supplied	with this filing is voluntarily fu	rnished and	doe	s not qualif	y for the exemption stated in Section 119	.07(3)(k), Flo	rida Stati	utes. I further	
certiry that I oath; that I appears in	am an officer or director of the coroc Block 12 or Block 13 if dyanged, or i	ual report of supplemental all pration or the receiver of trus on an attachment with an ac	tee empoye Idress.	ા હા ered	to execute	urate and that my signature shall have the this report as required by Chapter 607, F	lorida Statute	silectias s; and th	hat my name	