

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000058982 (6)

1. Corporation Name

DAVE SCHULTZ ENTERPRISES, INC.



Principal Place of Business

1871 ORTIZ AVE.
FT. MYERS FL 33905

Mailing Address

1871 ORTIZ AVE.
FT. MYERS FL 33905

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/25/1995

3a. Date of Last Report

4. FEI Number

65-061-68-56

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

10. Name and Address of New Registered Agent

WINESETT, RICHARD W
2248 FIRST STREET
FT. MYERS FL 33901

81 Name

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

83

84 City

FL

85 Zip Code

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 of 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

Signature typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

DELETE

NAME

SCHULTZ, DAVID R

STREET ADDRESS

1871 ORTIZ AVE.

CITY-ST-ZIP

FT. MYERS FL 33905

TITLE

D

DELETE

NAME

SCHULTZ, MEREDITH

STREET ADDRESS

1871 ORTIZ AVE.

CITY-ST-ZIP

FT. MYERS FL 33905

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

D/P

Change ☒ Addition ☐

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

D/V/S/T

Change ☒ Addition ☐

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

Change ☐ Addition ☐

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

Change ☐ Addition ☐

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

Change ☐ Addition ☐

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

Change ☐ Addition ☐

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

000001743910
-03/15/96--01015--030
***200.00

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96 941-332-4346

Date

Daytime Phone #

CR2E034 (12/95)