

\*\*\*\*\* MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 17, 1999 8:00am**  
**Secretary of State**

02-17-1999 90086 043 \*\*\*\*\*150.00

**DOCUMENT # P95000059103**

1. Corporation Name  
**SCHLABACH CARPENTRY SERVICES, INC.**



Principal Place of Business  
**4720 LINWOOD ST.  
SARASOTA FL 34232**

Mailing Address  
**4720 LINWOOD ST.  
SARASOTA FL 34232**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/28/1995**

4. FEI Number  
**65-0594855**

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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25 Zip  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30 Zip

9. Name and Address of Current Registered Agent

**SCHLABACH, LEROY  
4720 LINWOOD ST.  
SARASOTA FL 34232**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS ☐ DELETE

|                |                          |
|----------------|--------------------------|
| TITLE          | <b>S</b>                 |
| NAME           | <b>SCHLOBACH, CHERYL</b> |
| STREET ADDRESS | <b>4720 LINWOOD ST.</b>  |
| CITY-ST-ZIP    | <b>SARASOTA FL</b>       |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY-ST-ZIP    |                          |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

|                    |  |
|--------------------|--|
| 1.1 TITLE          |  |
| 1.2 NAME           |  |
| 1.3 STREET ADDRESS |  |
| 1.4 CITY-ST-ZIP    |  |
| 2.1 TITLE          |  |
| 2.2 NAME           |  |
| 2.3 STREET ADDRESS |  |
| 2.4 CITY-ST-ZIP    |  |
| 3.1 TITLE          |  |
| 3.2 NAME           |  |
| 3.3 STREET ADDRESS |  |
| 3.4 CITY-ST-ZIP    |  |
| 4.1 TITLE          |  |
| 4.2 NAME           |  |
| 4.3 STREET ADDRESS |  |
| 4.4 CITY-ST-ZIP    |  |
| 5.1 TITLE          |  |
| 5.2 NAME           |  |
| 5.3 STREET ADDRESS |  |
| 5.4 CITY-ST-ZIP    |  |
| 6.1 TITLE          |  |
| 6.2 NAME           |  |
| 6.3 STREET ADDRESS |  |
| 6.4 CITY-ST-ZIP    |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Leroy Schlobach 1-31-99 941.356-4825  
Date Daytime Phone #  
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)