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

Mailing Address

80 NORTH OXFORD DRIVE

ENGLEWOOD FL 34223-3051

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

80 NORTH OXFORD DRIVE

ENGLEWOOD FL 34223



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000011997 (9)

SCHNEIDER AND COMPANY PLUMBING, INC.

3. Date Incorporated or Qualified 3a. Date of Last Report 02/05/1996 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable 21 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Ζip Zip This corporation has liability for intangible tax under s. 199.032, Yes 🔀 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SCHNEIDER, N. KIM **80 NORTH OXFORD DRIVE** Street Address (P.O. Box Number is Not Acceptable) 82 ENGLEWOOD FL 34223 83 84 City Zip Code 85 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 Signature, typied or printed name of registerest agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (96/6)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change ☐ Addition 1.1 TITLE TETLE SCHNEIDER, N. KIM NAME 1.2 NAME **80 NORTH OXFORD DRIVE** 1.3 STREET ADDRESS STREET ADDRESS ENGLEWOOD FL 34223 1.4 CITY - ST-ZIP CHTY-ST-ZIE Change Addition D€LETE TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP CITY - ST-ZIP DELETE Change 3.1 TITLE Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY - ST - 7IP CITY - ST-ZIP DELETE ☐ Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE ☐ Addition Change 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 City-ST-ZIP

14. I do 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 suppliemental 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED
Jan 28 1997 8:00am
Secretary of State

