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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000020425 (0)

1. Corporation Name
SCHAFER INTERNATIONAL, INC.

Principal Place of Business
5023 SIESTA DEL RIO DRIVE
JACKSONVILLE FL 32258

Mailing Address
5023 SIESTA DEL RIO DRIVE
JACKSONVILLE FL 32258-2241



2. Principal Place of Business

21 136 MARTIN ST
Suite, Apt. #, etc.

22 City & State
FLORAHOME FL

23 Zip Country
32140 U.S.A.

24 32140 25 U.S.A.

2a. Mailing Address

26 136 MARTIN ST
Suite, Apt. #, etc.

27 City & State
FLORAHOME FL

28 Zip Country
32140 U.S.A.

29 32140 30 U.S.A.

3. Date Incorporated or Qualified
03/01/1996

3a. Date of Last Report

4. FEI Number
59-3362751

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

9. Name and Address of Current Registered Agent

SCHAFER, SHARON L
5023 SIESTA DEL RIO DRIVE
JACKSONVILLE FL 32258

10. Name and Address of New Registered Agent

B1 Name
SCHAFER, SHARON L
B2 Street Address (P.O. Box Number is Not Acceptable)
136 MARTIN ST
B3
B4 City
FLORAHOME FL
B5 Zip Code
32140

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
SCHAFER, SHARON L
5023 SIESTA DEL RIO DRIVE
JACKSONVILLE FL 32258 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
SCHAFER, STEPHEN G
5023 SIESTA DEL RIO DRIVE
JACKSONVILLE FL 32258 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
D
SCHAFER, SHARON L ☒ Change ☐ Addition
136 MARTIN ST
FLORAHOME FL 32140

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
D
SCHAFER, STEPHEN G ☒ Change ☐ Addition
136 MARTIN ST
FLORAHOME FL 32140

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP
☐ Change ☐ Addition

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 included 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:

SCHAFER, SHARON L
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)