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Feb 03 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 # P96000055852 (3)

1. Corporation Name
DARRIN R. SCHUTT, P.A.



Principal Place of Business
6015 CHESTER CIRCLE STE 210
JACKSONVILLE FL 32217

Mailing Address
6015 CHESTER CIRCLE STE 210
JACKSONVILLE FL 32217-2273

3. Date Incorporated or Qualified
07/02/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

21 4729 Del Prado Blvd.

Suite Apt. # etc.

22

2a. Mailing Address

26 4729 Del Prado Blvd.

Suite Apt. # etc.

27

City & State

28 Cape Coral, Florida

Zip

29 33904

Country

30 Lee

4. FEI Number

59-3388491

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

SCHUTT, DARRIN R
6015 CHESTER CIRCLE STE 210
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name DARRIN R. SCHUTT
82 Street Address (P.O. Box Number is Not Acceptable)
4729 Del Prado Blvd.

83

84 City

Cape Coral

FL

85 Zip Code

33904

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 of the person changing the registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-1-97

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SCHUTT, DARRIN R
STREET ADDRESS 6015 CHESTER CIRCLE STE 210
CITY - ST - ZIP JACKSONVILLE FL 32217

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 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 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97

(904) 737-3237

Date

Daytime Phone #

CR2E034 (9/96)