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Jun 19 1997 8:00am  
Secretary of State

TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000061702 (2)

1. Corporation Name

SCHALLERT & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

32040 CHESTNUT LANE  
SORRENTO FL 32776

32040 CHESTNUT LANE  
SORRENTO FL 32776-9442

2. Principal Place of Business

21 SAME AS ABOVE

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

USA

2a. Mailing Address

26 SAME AS ABOVE

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

USA

3. Date Incorporated or Qualified

07/22/1986

3a. Date of Last Report

N/A

4. FEI Number

59-338-9087

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

SCHALLERT, MARGARET Y  
32040 CHESTNUT LANE  
SORRENTO FL 32776

10. Name and Address of New Registered Agent

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 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 *Margaret Y. Schallert*

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

(NOTE: Registered Agent signature required when reissuing)

4/28/97

12. OFFICERS AND DIRECTORS

TITLE SECRETARY/TREASURER ☐ DELETE

NAME JON CARL SCHALLERT

STREET ADDRESS 32040 CHESTNUT LN

CITY-ST-ZIP SORRENTO, FL 32776

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECRETARY/TREASURER ☐ Change ☒ Addition

1.2 NAME JON CARL SCHALLERT

1.3 STREET ADDRESS 32040 CHESTNUT LN

1.4 CITY-ST-ZIP SORRENTO, FL 32776

2.1 TITLE PRESIDENT/V. PRESIDENT ☐ Change ☒ Addition

2.2 NAME MARGARET Y. SCHALLERT

2.3 STREET ADDRESS 32040 CHESTNUT LN

2.4 CITY-ST-ZIP SORRENTO, FL 32776

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

\$165 BANK

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 if changed, or on an attachment with an address.

SIGNATURE: *Margaret Y. Schallert*

4/28/97

352-383-5579

CR2E034 (9/96)