

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 05, 1999 8:00 am
Secretary of State

08-05-1999 90011 031 ***558.75

DOCUMENT # P97000022686

1. Corporation Name

SCHEDA FURNITURE INSTALLATION, INC.

Principal Place of Business

**4011 E. FOWLER AVE.
TAMPA FL 33617**

Mailing Address

**4011 E. FOWLER AVE.
TAMPA FL 33617**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1997

4. FEI Number

59-3431696

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 owes the current year
Intangible Personal Property.



Yes ☐ No ☐

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**COLBY, ALFRED A
100 N. TAMPA ST., STE. 1900
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name **JEFFERY STULL**

82 Street Address (P.O. Box Number is Not Acceptable)
602 S. BLVD

83

84 City **TAMPA**

FL

85 Zip Code **33606**

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]

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 **D** ☐ DELETE
NAME **SCHEDA, SANDRA M**
STREET ADDRESS **4011 E. FOWLER AVE.**
CITY-ST-ZIP **TAMPA FL 33617**

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 **VICE PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **SANDRA M SCHEDA**
1.3 STREET ADDRESS **4011 E FOWLER AVE**
1.4 CITY-ST-ZIP **TAMPA FL 33617**

2.1 TITLE **PRESIDENT** ☐ Change ☒ Addition
2.2 NAME **MARK H. SCHIPPER**
2.3 STREET ADDRESS **4011 E. FOWLER AVE**
2.4 CITY-ST-ZIP **TAMPA FL 33617**

3.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
3.2 NAME **MARY F.T. SCHIPPER**
3.3 STREET ADDRESS **4011 E FOWLER AVE**
3.4 CITY-ST-ZIP **TAMPA, FL 33617**

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 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: *[Signature]* **MARY F.T. SCHIPPER**
VICE PRESIDENT

7-15-99 813 971 7838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0087783