**FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00**

FILED
Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1998**

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

DOCUMENT # P97000049674

1. Corporation Name

SCHWEIZER FAMILY, INC.

Principal Place of Business
~~1917 Mistrial Lane~~
~~Fort Walton Beach, FL 32547~~

Mailing Address
~~Same~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6/5/97

2. Principal Place of Business (21): 527 Mary Esther Cutoff
Suite, Apt #, etc (22):
City & State (23): Ft. Walton Beach, FL
Zip (24): 32548 Country (25):

2a. Mailing Address (26): Same
Suite, Apt #, etc (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 59-3438057 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Mary Elizabeth Schweizer
1917 Mistrial Lane
Fort Walton Beach, FL 32547

10. Name and Address of New Registered Agent

81 Name: Joan A. Schweizer
82 Street Address (P.O. Box Number is Not Acceptable): 527 Mary Esther Cutoff
83
84 City: Fort Walton Beach FL 85 Zip Code: 32548

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: Joan A. Schweizer
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | ~~Director~~ ☒ DELETE | 11 TITLE | P/S/D ☐ Change ☒ Addition |
| NAME | ~~Mary Elizabeth Schweizer~~ | 12 NAME | Joan A. Schweizer |
| STREET ADDRESS | ~~1917 Mistrial Lane~~ | 13 STREET ADDRESS | 527 Mary Esther Cutoff |
| CITY-ST-ZIP | ~~Fort Walton Beach, FL 32547~~ | 14 CITY-ST-ZIP | Fort Walton Beach, FL 32548 |
| TITLE | ☐ DELETE | 21 TITLE | ☐ Change ☐ Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | 200002424452pe |
| STREET ADDRESS | | 63 STREET ADDRESS | -02/09/98--01005--022 2.5 |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | ***150.00 |

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: Joan A. Schweizer

CR2E034 (10/97)