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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000072863

1. Corporation Name

SCHULTE HOLDING COMPANY

Principal Place of Business

CITY-ST-ZIP

Mailing Address

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90091 021 ***150.00



25011 PENNY ROYAL DRIVE 25011 PENNY ROYAL DRIVE BONITA SPRINGS FL 33923 BONITA SPRINGS FL 33923				DO NOT WRITE IN THIS SF	ACE	
929	1 HOLLOW PINE	IR.		3. Date Incorporated or Qualifed 08/21/1997		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied Fo	or
21 / 25	- S Tanton TRO	26 9291 HOL	LOW PINE	58-2338002	Not Applica	able
Suite, Apt.	#, etcr	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additiona	al
City & State	TA SPRIMS FL	City & State 28 Solver ST	RINES, FO	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
zip 34/	Country 25 USA	29 34/3 3	Country 5	Totoliai Tiopotty Taxi	Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name						+
SCHULTE, DONN A 25011 PENNY ROYAL DRIVE BONITA SPRINGS FL 39923 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 85 Zip Code						
		23/35	1501	UTTO JPKINGS FL	54/31	
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		egistered Agent signature re-	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN	12
12.	OFFICERS AND		13.			ddition
TITLE .	D	☐ DELETE	1.1 TITLE			Control
NAME (SCHULTE, DONN A		1.2 NAME	SCHUCTE WOND	20-1	}
STREET ADDRESS	25011 PENNY ROYAL DRIVE		1,3 STREET ADDRESS	929/ HOLLOW PINE	7110	
CITY-ST-ZIP	BONITA SPRINGS FL 33923		1,4 CITY-ST-ZIP	BONTH SPRINGS FG		dditian
TITLE	D	☐ DELETE	2.1 TITLE		-	dalion
NAME	SCHULTE, SHARON M		2.2 NAME	SCHULTE SHARON PINE 1		Ì
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CITY-ST-ZIP	BONITA SPRINGS FL 33923		2. 4 CITY-ST-ZIP	F)
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NAME	:		3.2 NAME			
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CITY-ST-ZIP			3.4. CITY-ST-ZIP			
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STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
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NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY+ST+ZiP			
TILE		☐ DELETE	6.1 TITLE		☐ Change ☐ A	Addition
NAME .			6.2 NAME			
STREET ADDRESS	Parada Service Market		6.3 STREET ADORESS			1
CITY-ST-ZIP			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, with all other like empowered.