

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

DOCUMENT # **P97000107217**

Corporation Name

BRENDA SCHMIDT, INC.

Principal Place of Business

232 GREYSTONE LN.
PENSACOLA FL 32514

Mailing Address

1232 GREYSTONE LN.
PENSACOLA FL 32514

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90020 035 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1998

4. EEI Number

59-3500362

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 the current year
Intangible Personal Property.

☐ Yes ☒ No

Principal Place of Business

3507 Parkwood Avenue

Suite, Apt. #, etc.

2a. Mailing Address

3507 Parkwood Avenue

Suite, Apt. #, etc.

City & State

Pensacola FL

Zip

32504

Country
USA

City & State

Pensacola FL

Zip

32504

Country
USA

9. Name and Address of Current Registered Agent

SCHMIDT, BRENDA
1232 GREYSTONE LN.
PENSACOLA FL 32514

10. Name and Address of New Registered Agent

81 Name

Brenda Schmidt

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

3507 Parkwood Avenue

83

84 City **Pensacola**

FL

85 Zip Code
32504

I, 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

Brenda Schmidt
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/29/99

12. OFFICERS AND DIRECTORS

1. LE **P** ☐ DELETE

ME **SCHMIDT, BRENDA**
REET ADDRESS **1232 GREYSTONE LN.**
Y-ST-ZIP **PENSACOLA FL 32514**

2. LE ☐ DELETE

ME

REET ADDRESS

Y-ST-ZIP

3. LE ☐ DELETE

ME

REET ADDRESS

Y-ST-ZIP

4. LE ☐ DELETE

ME

REET ADDRESS

Y-ST-ZIP

5. LE ☐ DELETE

ME

REET ADDRESS

Y-ST-ZIP

6. LE ☐ DELETE

ME

REET ADDRESS

Y-ST-ZIP

7. LE ☐ DELETE

ME

REET ADDRESS

Y-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** **Brenda Schmidt** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **3507 Parkwood Ave.**

1.4 CITY-ST-ZIP **Pensacola FL 32504**

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

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:

Brenda Schmidt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/99

(850) 432-6004

Date Daytime Phone #

CR2E034 (5/99)

0113666