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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 MAY -1 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S61308 (0)

1. Corporation Name

STEVEN L. SCHWIER INC.



Principal Place of Business

Mailing Address

20340 S.W. 79TH LANE
DUNNELLON FL 34431

20340 S.W. 79TH LANE
DUNNELLON FL 34431

3. Date Incorporated or Qualified

06/17/1991

3a. Date of Last Report

08/14/1995

2. Principal Place of Business

2a. Mailing Address

21 20340 S.W. 79th lane

26 20340 S.W. 79th Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Dunnellon, Florida

28 Dunnellon, Florida

Zip

Country

Zip

Country

24 34431

25 Marion

29 34431

30 Marion

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHWIER, STEVEN L
20340 S.W. 79TH LANE
DUNNELLON FL 34431

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

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 PD
NAME SCHWIER, STEVEN L
STREET ADDRESS 20340 S.W. 79TH LANE
CITY-ST-ZIP DUNNELLON FL

TITLE CT
NAME SCHWIER, NANCY L
STREET ADDRESS 20340 S.W. 79TH LANE
CITY-ST-ZIP DUNNELLON FL

TITLE V
NAME SCHWIER, JEREMIAH
STREET ADDRESS 23040 SW 79TH LN
CITY-ST-ZIP DUNNELLON FL 34431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

500001813613
-05/15/96-01146-003
****175.00 ****175.00

07 6395 97648 048
300001811393
Lx 250.00 xx 25.00 106/17

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Steven L. Schwier Steven L. Schwier

4-23-96

352-499-2999

CR2E034 (12/95)