

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

CORPORATION  
ANNUAL REPORT  
1995



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

95 MAY -1 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S95351** (0)

1. Corporation Name  
**SCHUMACHER INVESTMENTS, INC.**

Principal Place of Business Mailing Address  
**1865 S FEDERAL HWY STUART FL 34997** **1865 S FEDERAL HWY STUART FL 34997**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/14/1991** 3a. Date of Last Report **03/18/1994**

4. FEI Number **65-0203963** 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 has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **888 S. FEDERAL HWY** 26 **888 S. FEDERAL HWY**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  
23 City & State **STUART, FL** 27 City & State **STUART, FL**  
Zip Country Zip Country  
24 **34997** 25 **34997** 29 **34997** 30 **34997**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPOTTS, MICHAEL K.  
2400 S FEDERAL HWY  
SUITE 400  
STUART FL 34994**

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 the filer, applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS  
TITLE **P**  
NAME **SCHUMACHEN, CEAN M.**  
STREET ADDRESS **7859 SE RIVER LANE**  
CITY - ST - ZIP **STUART FL**  
TITLE **ST**  
NAME **SCHUMACHEN, EUGENE M.**  
STREET ADDRESS **7859 SE RIVER LANE**  
CITY - ST - ZIP **STUART FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1 1 TITLE  Change  Addition  
NAME **SCHUMACHER, CEAN**  
1 2 NAME  
1 3 STREET ADDRESS **2472 S.W. LONGWOOD DR**  
1 4 CITY - ST - ZIP **PALM CITY FL**  
2 1 TITLE  Change  Addition  
2 2 NAME **SCHUMACHER, EUGENE**  
2 3 STREET ADDRESS **2472 S.W. LONGWOOD DR**  
2 4 CITY - ST - ZIP **PALM CITY, FL**  
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

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(1)(b), Florida Statutes. I further certify that the information included in this annual report or report of 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 officer 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 of attached, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #