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PROFIT CORPORATION ANNUAL REPORT

1999

**DOCUMENT # \$95351** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90108 002 \*\*\*150.00

## SCHUMACHER INVESTMENTS, INC. Mailing Address Principal Place of Business 888 S. FEDERAL HWY 888 S. FEDERAL HWY STUART FL 34997 STUART FL 34997 DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 11/14/1991 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0303963 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired $\Box$ Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zip □No ☐ Yes 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SPOTTS, MICHAEL K. Street Address (P.O. Box Number is Not Acceptable) 82 2400 S FEDERAL HWY SUITE 400 83 STUART FL 34994 Zip Code 84 85 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition □ DELETE 1.1 TITLE TITLE 1.2 NAME SCHUMACHER, CEAN M. NAME 2472 S.W. LONGWOOD DR 1.3 STREET ADDRESS STREET ADDRESS PALM CITY FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE 21 TITLE ☐ Change TITLE SCHUMACHER, EUGENE M. 2.2 NAME NAME 2472 S.W. LONGWOOD DR 2.3 STREET ADDRESS STREET ADDRESS PALM CITY FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 3,1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 frue 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 smpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapted, or on an attachment with a doles, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/38/99 (561) 286-7474

\_CR2E034 (11/98).