FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

1995 MAY 12 AM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V18107** **(5)**

1. Corporation Name
SCHRADER CONSULTING, INC.

Principal Place of Business	Mailing Address
RT 2 BOX 4390-30 CRAWFORDVILLE FL 32327	RT 2 BOX 4390-30 CRAWFORDVILLE FL 32327

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/03/1992
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business
21: 76 JANET DR
22: Suite, Apt. #, etc
23: City & State: CRAWFORDVILLE, FL
24: Zip: 32327
25: Country: USA

2a. Mailing Address
26: 76 JANET DR
27: Suite, Apt. #, etc.
29: City & State: CRAWFORDVILLE, FL
29: Zip: 32327
30: Country: USA

4. FEI Number: 59-3114898 ☐ 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

9. Name and Address of Current Registered Agent

SCHRADER, JAMES F.
30 JANET DR.
CRAWFORDVILLE FL 32327

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable): 76 JANET
93
94 City: FL 95 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: James F Schrader — 5/10/95
(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	D	11 TITLE	☒ Change ☐ Addition
NAME	SCHRADER, JAMES F	12 NAME	
STREET ADDRESS	30 JANET DR	13 STREET ADDRESS	76 JANET DR
CITY ST ZIP	CRAWFORDVILLE FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	SCHRADER, E MAXINE	22 NAME	
STREET ADDRESS	30 JANET DR	23 STREET ADDRESS	76 JANET DR
CITY ST ZIP	CRAWFORDVILLE FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	700001490677
STREET ADDRESS		43 STREET ADDRESS	-05/17/95--01047--017
CITY ST ZIP		44 CITY ST ZIP	****225.00 ****225.00
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	SCC 5-12-95

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)(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: James F Schrader — 5/10/95 — 904/926-7424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAMES F SCHRADER

0029063 CP