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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # V30871 (0)**

**1. Corporation Name  
SCHROLL CORPORATION**

**Principal Place of Business Mailing Address  
12670 NEW BRITANNY FORT MYERS FL 33907 12670 NEW BRITANNY FORT MYERS FL 33907**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 04/21/1992 3a. Date of Last Report 04/26/1994**

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>4. FEI Number</b>		<b>Applied For</b>	
<b>21</b>	904 Lee Blvd.	<b>26</b>	904 Lee Blvd.	<b>65-0406733</b>		<input type="checkbox"/> Not Applicable	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>22</b>	Suite 103	<b>27</b>	Suite 103	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
City & State		City & State		<b>8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>23</b>	Lehigh Acres, FL	<b>28</b>	Lehigh Acres, FL				
<b>24</b>	Zip 33936	<b>25</b>	Country USA	<b>29</b>	Zip 33936	<b>30</b>	Country USA

<b>9. Name and Address of Current Registered Agent</b>				<b>10. Name and Address of New Registered Agent</b>			
<b>ROYSTON JR, ROBERT D 12670 NEW BRITANNY BLVD. SUITE 101 FORT MYERS FL 33907</b>				<b>81 Name</b>			
				<b>82 Street Address (P.O. Box Number is Not Acceptable)</b>			
				<b>83</b>			
				<b>84 City</b>			
				<b>FL</b>			

**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 resigning) \_\_\_\_\_ DATE \_\_\_\_\_

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<b>PD</b>	<b>1 1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>SCHROLL, ROBERT</b>	<b>1 2 NAME</b>	
<b>STREET ADDRESS</b>	<b>1303 HOMESTEAD RD.</b>	<b>1 3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>LEHIGH ACRES FL</b>	<b>1 4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>VST</b>	<b>2 1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>SCHROLL, PETRA</b>	<b>2 2 NAME</b>	
<b>STREET ADDRESS</b>	<b>1303 HOMESTEAD RD.</b>	<b>2 3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>LEHIGH ACRES FL</b>	<b>2 4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>3 1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>3 2 NAME</b>	
<b>STREET ADDRESS</b>		<b>3 3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>3 4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>4 1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>4 2 NAME</b>	
<b>STREET ADDRESS</b>		<b>4 3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>4 4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>5 1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>5 2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5 3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>5 4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>6 1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6 2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6 3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>6 4 CITY - ST - ZIP</b>	

**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)(a), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.**

**SIGNATURE:** \_\_\_\_\_ **4/18/95 (813) 369-1710**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #