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FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V49827** (1)
1. Corporation Name
SCHOENING CONSTRUCTION CORPORATION



Principal Place of Business Mailing Address
1441 BROOKS LANE **1441 BROOKS LANE**
OVIEDO FL 32765 **OVIEDO FL 32765-8624**
US **US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/10/1992	05/01/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		59-3138055	Not Applicable
24 Country		29 Country		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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

SCHOENING, KEITH
1441 BROOKS LANE
OVIEDO FL 32765

10. Name and Address of New Registered Agent

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	P	1.1 TITLE	S/T/VP
NAME	SCHOENING, KEITH S.	1.2 NAME	SCHOENING, KENDALL K.
STREET ADDRESS	1441 BROOKS LANE	1.3 STREET ADDRESS	612 TUSKAWILLA POINT LANE
CITY-ST-ZIP	OVIEDO FL	1.4 CITY-ST-ZIP	WINTER SPRINGS FL
TITLE	VP	2.1 TITLE	
NAME	SCHOENING, KENDALL K.	2.2 NAME	
STREET ADDRESS	612 TUSKAWILLA POINT LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	SCHOENING, JOYCE	3.2 NAME	
STREET ADDRESS	1441 BROOKS LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *Keith Schoening* REQUIRED 4-10-97 (407) 366 1366

CR2E034 (9/96)