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Secretary of State

03-09-1999 90093 010 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V49827**

1. Corporation Name
SCHOENING CONSTRUCTION CORPORATION



Principal Place of Business 1441 BROOKS LANE OVIEDO FL 32765 US	Mailing Address 1441 BROOKS LANE OVIEDO FL 32765 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2470 MIKLER RD		2a. Mailing Address 26 2470 MIKLER RD		3. Date Incorporated or Qualified 07/10/1992
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3136055
City & State 22 OVIEDO FL		City & State 27 OVIEDO FL		Applied For <input type="checkbox"/> Not Applicable
Zip 24 32765		Zip 29 32765		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 25 USA		Country 30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input 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: SCHOENING, KEITH 82 Street Address (P.O. Box Number is Not Acceptable): 2470 MIKLER ROAD 83 84 City: OVIEDO FL 85 Zip Code: 32765	
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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: Keith S. Schoening (NOTE: Registered Agent signature required when reinstating) DATE: 4 Jan 99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVP SCHOENING, KEITH S. 612 TUSKAWILLA POINT LANE WINTER SPRINGS FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	STP SCHOENING, KEITH S. 2470 MIKLER RD OVIEDO FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHOENING, KENDALL K. 612 TUSKAWILLA POINT LANE WINTER SPRINGS FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP SCHOENING, KENDALL K. 1433 BROOKS LANE OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 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 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, with all other like empowered.

SIGNATURE: Keith S. Schoening DATE: 4 Jan 99 (407) 366-1366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)