

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 24 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 # V63024 (6)

1. Corporation Name
SCHAERF, INC.



Principal Place of Business

% JOHN DUMBAUGH
1390 MAIN ST., SUITE 1100
SARASOTA FL 34236
US

Mailing Address

3390 BAYOU SOUND
LONGBOAT KEY FL 34228-3027

3. Date Incorporated or Qualified
09/08/1992

3a. Date of Last Report
08/09/1996

2. Principal Place of Business

21 1858 RINGLING BLVD.

2a. Mailing Address

26 1858 RINGLING BLVD.

4. FEI Number
65-0358460

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

23 SARASOTA, FL

27 City & State

28 SARASOTA, FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

24 34236

25 USA

Zip

Country

29 34236

30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUMBAUGH, JOHN D.
1390 MAIN ST
SUITE 1100
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1900 RINGLING BLVD.

83

84 City
SARASOTA

FL

85 Zip Code
34236

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
NAME SCHAEFF, GOTTHARD
STREET ADDRESS 3390 BAYOU SOUND
CITY-ST-ZIP LONGBOAT KEY FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1858 RINGLING BLVD.
1.4 CITY-ST-ZIP SARASOTA, FL 34236

☒ Change ☐ Addition

TITLE V
NAME SCHAEFF, ROMAN
STREET ADDRESS 3390 BAYOU SOUND
CITY-ST-ZIP LONGBOAT KEY FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1858 RINGLING BLVD.
2.4 CITY-ST-ZIP SARASOTA, FL 34236

☒ Change ☐ Addition

TITLE S
NAME SCHAEFF, ELISABETH
STREET ADDRESS 3390 BAYOU SOUND
CITY-ST-ZIP LONGBOAT KEY FL 34228

☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/97 (941) 365-4617
Date Daytime Phone #

CR2E034 (9/96)