

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S32731

**Entity Name:** SCHOFIELD CORPORATION OF ORLANDO

**Current Principal Place of Business:**

18500 NORTH ALLIED WAY  
PHOENIX, AZ 85054

**Current Mailing Address:**

18500 NORTH ALLIED WAY  
PHOENIX, AZ 85054 US

**FEI Number: 59-3047860**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BOYD, CALVIN R  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title           ASSISTANT SECRETARY  
Name           THOMSON, JENNIFER L.  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title           ASSISTANT SECRETARY  
Name           NICKERSON, JOHN B.  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title           ASSISTANT SECRETARY  
Name           WILHOIT, ADRIENNE W.  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title           SECRETARY  
Name           SCHULER, EILEEN B.  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title           VP, TAX  
Name           FOCAZIO, LAWRENCE D.  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title           VP  
Name           THOMSON, JENNIFER L.  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title           VP  
Name           NICKERSON, JOHN B.  
Address        18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: EILEEN B. SCHULER**

**SECRETARY**

**04/17/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name WILHOIT, ADRIENNE W.  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title VP  
Name AMICK, JAMES G. JR.  
Address 323 MARBLE MILL ROAD  
City-State-Zip: MARIETTA GA 30060

Title PRESIDENT  
Name BOYER, ROBERT B.  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title VP  
Name BRUMMER, GREGG K.  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title VP  
Name SCHULER, EILEEN B.  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title DIRECTOR  
Name GOEBEL, BRIAN A.  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054