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FILED
May 10, 1999 8:00 am
Secretary of State

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # J20218
 1. Corporation Name
 MARK LODINGER FINANCIAL PLANNING CORPORATION, INC.

Original Place of Business Mailing Address
~~8834~~ Goodby's Executive Drive Suite B Jacksonville, FL 32217 US
 Michael Schneider 4215 Southpoint Drive. Suite 100 Jacksonville, FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 06/19/1986

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 8834 Goodby's Executive Drive Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	59-2686854	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Jacksonville, FL	28	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip 32217	25 Country	29 Zip	30 Country
24 32217	25	29	30
8. This corporation owes the current year Intangible Personal Property Tax.		Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Schneider, Michael N.
 4215 Southpoint Boulevard.
 Suite 100
 Jacksonville, FL 32216

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	PSD	1.1 TITLE	PSD
NAME	Lodinger, Mark	1.2 NAME	Lodinger, Mark
STREET ADDRESS	8826 Goodby's Executive Drive, Suite B	1.3 STREET ADDRESS	8834 Goodby's Executive Drive
CITY-ST-ZIP	Jacksonville, FL	1.4 CITY-ST-ZIP	Jacksonville, FL
TITLE	T	2.1 TITLE	T
NAME	Lodinger, Mark	2.2 NAME	Lodinger, Mark
STREET ADDRESS	8826 Goodby's Executive Drive, Suite B	2.3 STREET ADDRESS	8834 Goodby's Executive Drive
CITY-ST-ZIP	Jacksonville, FL	2.4 CITY-ST-ZIP	Jacksonville, FL
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Lodinger

Date

3/24/99

Daytime Phone #

901-879166

CR2E034 (11/98)