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US03517

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P94000025593**

1. Corporation Name
THE FORBES CO. OF CENTRAL FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2202 JESSICA LN
 KISSIMMEE FL 34744
 US**

Mailing Address
**2202 JESSICA LN
 KISSIMMEE FL 34744
 US**

3. Date Incorporated or Qualified
03/28/1994

2. Principal Place of Business
21 2017 13TH ST

2a. Mailing Address
26 2017 13TH ST

4. FEI Number
59-3036513

Applied For
 Yes
 Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

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

City & State
23 ST. CLOUD, FL

City & State
28 ST. CLOUD, FL

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

Zip
24 34769 Country
25 USA

Zip
29 34769 Country
30 USA

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

**HAND, RONALD M
 418 WEST BRYAN STREET
 KISSIMMEE FL 34741**

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	DPT	<input type="checkbox"/> DELETE
NAME	FORBES, PAUL	
STREET ADDRESS	1432 SUGARBERRY LN	
CITY-ST-ZIP	ST CLOUD FL 34772	
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	FORBES, BEVERLY	
STREET ADDRESS	1432 SUGARBERRY LN	
CITY-ST-ZIP	ST CLOUD FL 34772	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FORBES PAUL	
1.3 STREET ADDRESS	1405 SUGARBERRY LANE	
1.4 CITY-ST-ZIP	ST CLOUD, FL 34772	
2.1 TITLE	DSV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FORBES, BEVERLY	
2.3 STREET ADDRESS	1405 SUGARBERRY LANE	
2.4 CITY-ST-ZIP	ST. CLOUD, FL 34772	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-957-1818

CR2E034 (11/98)