

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S02303** (3)

1. Corporation Name

COLONIAL COUNSELING ASSOCIATES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 11:36

Principal Place of Business

**9446 E COLONIAL DR
ORLANDO FL 32817**

Mailing Address

**9446 E COLONIAL DR
ORLANDO FL 32817**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/24/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3039641

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 9318 E. Colonial Dr.

2a. Mailing Address

26 9318 E. Colonial Dr.

Suite, Apt. #, etc.

22 Suite A15

Suite, Apt. #, etc.

27 Suite A15

City & State

23 Orlando Florida

City & State

28 Orlando Florida

Zip

24 32817

Country

25 USA

Zip

29 32817

Country

30 USA

9. Name and Address of Current Registered Agent

**HARLOW, HENRY
9446 E COLONIAL DR
ORLANDO FL 32817**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

9318 E. Colonial Dr.

B3 Suite A15

B4 City

Orlando

FL

B5 Zip Code

32817

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 officer 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D HARLOW, HENRY
9446 E COLONIAL DR
ORLANDO FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D GARVEY, JAMES
9446 E COLONIAL DR
ORLANDO FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **9318 E Colonial Dr. Ste A15**
1.4 CITY-ST-ZIP **Orlando, FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **9318 E Colonial Dr. Ste. A15**
2.4 CITY-ST-ZIP **Orlando FL**

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

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

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

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 recorder 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 REGISTERED OFFICER OR DIRECTOR

3-7-95

Date

407-249-1146

Telephone Number