

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S73211 (2)**

1. Corporation Name
93266 CORP.



Principal Place of Business

**540 MANDALAY ROAD
ORLANDO FL 32809**

Mailing Address

**540 MANDALAY ROAD
ORLANDO FL 32809**

3. Date Incorporated or Qualified 08/14/1991	3a. Date of Last Report 03/30/1995
4. FEI Number 59-3078528	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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Glenn Drummond
22. City & State	27. 2945 Lake Pineloch Blvd
23. Zip	28. Orlando, Fla
24. Country	29. 32806
	30. U.S.A

9. Name and Address of Current Registered Agent

**MASHBURN, ERIC S.
102 EAST MAPLE STREET
WINTER GARDEN FL 34787**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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)

(If title Registered Agent of signature required, then include name and title)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	D
NAME	DRUMMOND, GLENN I.	12. NAME	Drummond, Glenn I.
STREET ADDRESS	540 MANDALAY ROAD	13. STREET ADDRESS	2945 Lake Pineloch Blvd.
CITY-ST-ZIP	ORLANDO FL	14. CITY-ST-ZIP	Orlando, Fla. 32806
TITLE	D	2. TITLE	D
NAME	SWALLOWS, LEE	22. NAME	Swallows, Lee
STREET ADDRESS	9980 S. BLUE LAKE ROAD	23. STREET ADDRESS	990 S. Blue Lake Ave.
CITY-ST-ZIP	DELAND FL	24. CITY-ST-ZIP	DeLand, Fla. 32724
TITLE	D	3. TITLE	D
NAME	DRUMMOND, DAN G.	32. NAME	Drummond, Dan G.
STREET ADDRESS	540 MANDALAY ROAD	33. STREET ADDRESS	540 Mandalay Road
CITY-ST-ZIP	ORLANDO FL	34. CITY-ST-ZIP	Orlando, Fla. 32809
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: **E. Swallows VP**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96 9047341328
DATE DAYTIME PHONE #

CR2E034 (12/95)