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FILED
Feb 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P92000002016 (3)**

1. Corporation Name

SEIFERT, MILLER & SLUSHER, P.A.

Principal Place of Business

**401 W COLONIAL DRIVE
6
ORLANDO FL 32803
US**

Mailing Address

**P.O. BOX 552
ORLANDO FL 32802
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1992

4. FEI Number

59-3147854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**SEIFERT, SCOTT P
401 W COLONIAL DRIVE
ORLANDO FL 32802**

10. Name and Address of New Registered Agent

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 date (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D SEIFERT, SCOTT P**
STREET ADDRESS **437 BLUE JACKET LANE**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☐ DELETE

NAME **D MILLER, JEFFREY A**
STREET ADDRESS **153 CARISBROOKE STREET**
CITY-ST-ZIP **OCFEE FL 34761**

TITLE ☐ DELETE

NAME **D SLUSHER, TERRY A**
STREET ADDRESS **8513 BLACK CREEK BLVD**
CITY-ST-ZIP **ORLANDO FL 32829**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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 **814 Kaywood Dr.**
1.4 CITY-ST-ZIP **Orlando, FL 32825**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **437 Blue Jacket Lane**
2.4 CITY-ST-ZIP **Orlando, FL 32825**

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 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.

SIGNATURE: X

CR2E034 (10/97)