


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90130 002 ***150.00

0504942

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000032903					
1. Corporation Name STALLION 51 MAINTENANCE OPERATIONS, INC.					
Principal Place of Business 3951 MERLIN DRIVE KISSIMMEE FL 34741			Mailing Address 3951 MERLIN DRIVE KISSIMMEE FL 34741		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/10/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3456521	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent LAUDERBACK, LEE C 3951 MERLIN DRIVE KISSIMMEE FL 34741				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LAUDERBACK, PETER C	1.2 NAME			
STREET ADDRESS	5339 HANSEL AVE. C-16	1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32809	1.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LAUDERBACK, RICHARD M	2.2 NAME			
STREET ADDRESS	5339 HANSEL AVE. C-16	2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32809	2.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LAUDERBACK, LEE C	3.2 NAME			
STREET ADDRESS	3453 AMACA CIR.	3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32837	3.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LAUDERBACK, JOHN E	4.2 NAME			
STREET ADDRESS	2011 WINSLOW DRIVE	4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32812	4.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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

2-15-99

Date

Daytime Phone #

CR2E034 (11/98)