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

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Apr 08, 1999 8:00 am
Secretary of State
04-08-1999 90003 032 ***150.00

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DOCUMENT # **P97000075334**

1. Corporation Name
402 NORTH DONNELLY, INC.

Principal Place of Business	Mailing Address
1115 E. LIVINGSTON STREET ORLANDO FL 32803	1115 E. LIVINGSTON STREET ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 08/29/1997

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 59-3465020 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STRONG, III H
200 WEST WELBOURNE AVE
WINTER PARK FL 32790

10. Name and Address of New Registered Agent

81 Name: HOPE STRONG III
82 Street Address (P.O. Box Number is Not Acceptable): 200 West Welbourne Ave
83
84 City: WINTER PARK FL 85 Zip Code: 32790

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: _____ HOPE STRONG III _____ 1 Apr 99
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	DST	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEARY, WILLIAM N		1.2 NAME	
STREET ADDRESS	1115 E. LIVINGSTON STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32803		1.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FIELD, KEITH D		2.2 NAME	
STREET ADDRESS	428 N DONNELLY ST SUITE 3		2.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL 32757		2. 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
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 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 REQUIRED WILLIAM N LEARY 3/31/99 (407) 841-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)