## FILED May 03, 1999 8:00 am Secretary of State

## 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

DOCUMENT # 30832  1. Corporation Name  DONALD W. MCINTOSH ASSOC				
Principal Place of Business	Mailing Address			
2200 PARK AVE NORTH WINTER PARK FL 32789-2355  2200 PARK AVE NORTH WINTER PARK FL 32789-2355				DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 08/19/1966
2. Principal Place of Business	2a. Mailing Address			4. FEI Number Applied For
21	26			<b>59-1151358</b> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired .   \$8.75 Additional Fee Required
22 City & State	City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip Country	Zip 29 3	Count	ry	8. This corporation owes the current year Intangible Personal Property Tax.
9. Name and Address of C				10. Name and Address of New Registered Agent
MCINTOSH,DONALD W., JR.		L		Name Street Address (P.O. Box Number is Not Acceptable)
. 2200 PARK AVENUE NORTH		l°	د اء	Street Address (P.O. Box Number is Not Acceptable)
WINTER PARK FL 32789		8	3	
				FL 85 Zip Code
Pursuant to the provisions of Sections 60 office or registered agent, or both, in the sagent. I am familiar with, and accept the control of the control	State of Florida. Such change was auti	norizea d	y ine	amed corporation submits this statement for the purpose of changing its registered a corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	ALOTE D		- in a	gnature required when reinstating) DATE
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register OFFICERS AND DIRECTORS		Jent Sign	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1				

05-03-1999 90113 013 \*\*\*150.00

SIGNATURE	Signature, typed or printed name of registered agent and til	le if applicable (NOTE: I	Registered Agent signature requir	ed when reinstating)	DATE		· \		
12.	OFFICERS AND DIRECTORS		13.				ND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE			Change	Addition		
NAME	MCINTOSH, PATRICIA		1.2 NAME				Ì		
STREET ADDRESS	313 N E 92ND ST -		1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI SHORES FL		1.4 CITY-ST-ZIP						
TITLE	PCD	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition		
NAME	MCINTOSH, DONALD W JR		2.2 NAME				}		
STREET ADDRESS	1350 VENETIAN WAY		2.3 STREET ADDRESS						
CITY-ST-ZIP	MAITLAND FL		2.4 CITY-ST-ZIP						
TITLE	VD	☐ DELETE	3.1 TITLE	·		Change	☐ Addition		
NAME	TRUE, CHARLES H.		3.2 NAME						
STREET ADDRESS	613 RIDGEWOOD DR.		3.3 STREET ADDRESS						
City-St-Zip	windermere fl		3.4. CITY+ST-ZIP						
TITLE	\$	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition I		
NAME	HATCH, JANET B		4. 2 NAME						
STREET ADDRESS	1578 PINEHURST DRIVE		4.3 STREET ADDRESS						
CITY-ST-ZIP	CASSELBERRY FL		4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition		
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS				i		
SITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition		
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS				ĺ		
CITY_ST_7ID			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 acciver or trustee enpowered 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 or an attractment with an address, with all other like empowered.

<u>407-644-4068</u>