

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

FILED

Jan 23, 1999 8:00am
Secretary of State

01-23-1999 90008 015 *****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 487200

1. Corporation Name

280 MCCALL ROAD, INC.

Principal Place of Business

280 S MCCALL RD
ENGLEWOOD FL 34223
US

Mailing Address

P.O. BOX 1271
ENGLEWOOD FL 34295
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1975

4. FEI Number

59-1627098

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROOT CHARLES F
1768 BAYSHORE DR
ENGLEWOOD FL 34223

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME ROOT, CHARLES F.
STREET ADDRESS 1768 BAYSHORE DR.
CITY-ST-ZIP ENGLEWOOD FL

☐ DELETE

TITLE PD
NAME ROOT, PETER S.
STREET ADDRESS 1768 BAYSHORE DR
CITY-ST-ZIP ENGLEWOOD FL

☐ DELETE

TITLE TSD
NAME ROOT STEPHENS, DIANNE
STREET ADDRESS 1768 BAYSHORE DR
CITY-ST-ZIP ENGLEWOOD FL

☐ DELETE

TITLE VD
NAME ROOT, T. M
STREET ADDRESS 2102 RIVER PARK DR
CITY-ST-ZIP ORLANDO FL 32817

☐ DELETE

TITLE VD
NAME ROOT, MARCZYK D
STREET ADDRESS 6501 COWIE RD
CITY-ST-ZIP WYOMING NY

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Charles F. Root* 1/25/99 841-475-7768
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)