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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 568311 (5)

1. Corporation Name
FOURPLEX OF ORLANDO, INC.

Principal Place of Business

215 OJIBWAY STREET
P. O. BOX 2066
TITUSVILLE FL 32780

Mailing Address

215 OJIBWAY STREET
P. O. BOX 2066
TITUSVILLE FL 32780-5013



2. Principal Place of Business

21 3380 Muirfield DR.

Suite, Apt. #, etc.

22 Titusville

City & State

23 FLORIDA

Zip

24 32780

Country

25 U.S.A

26. Mailing Address

26 P.O. Box 2066

Suite, Apt. #, etc.

27 Titusville, FL.

City & State

28 32780

Zip

29

Country

30

9. Name and Address of Current Registered Agent

NOONE, PHILOMENA
215 OJIBWAY ST.
TITUSVILLE FL 32780

3. Date Incorporated or Qualified

04/11/1978

3a. Date of Last Report

01/25/1996

4. FEI Number

59-0875098

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

3380 Muirfield DR.

83

Titusville

84

City

FL

85

Zip Code

32780

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 ☐ DELETE

NAME PD
NOONE, PHILOMENA
STREET ADDRESS 215 OJIBWAY
CITY - ST - ZIP TITUSVILLE FL

TITLE ☐ DELETE

NAME VD
O'BRIEN, KATHLEEN
STREET ADDRESS 215 OJIBWAY ST.
CITY - ST - ZIP TITUSVILLE FL

TITLE ☐ DELETE

NAME STD
HENNELLY, ITA M.
STREET ADDRESS 215 OJIBWAY
CITY - ST - ZIP TITUSVILLE FL

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

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

3380 Muirfield DR.
Titusville, FL. 32780

2.1 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3380 Muirfield DR.
Titusville, FL 32780

3.1 TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

3380 Muirfield DR.
Titusville, FL 32780

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 do 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: Philomena Noone PD PHILOMENA NOONE 1/14/97 407-267-1610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)