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
Mar 10, 1999 8:00 am
Secretary of State
03-10-1999 90140 043 ***150.00

DOCUMENT # 577321

1. Corporation Name

ORANGE CIRCLE, INC.

Principal Place of Business	Mailing Address
120 SOUTH DILLARD STREET BOX 770218 WINTER GARDEN FL 34777	120 SOUTH DILLARD STREET BOX 770218 WINTER GARDEN FL 34777

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
07/10/1978

4. FEI Number	Applied For
59-1833454	Not Applicable

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

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

KING, EDWARD L.
120 S DILLARD ST.
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent

81 Name *Bert E. Roper*
82 Street Address (P.O. Box Number is Not Acceptable) *120 S. Dillard St*
83
84 City *Winter Garden* FL 85 Zip Code *34787*

11. Pursuant to the provisions of Sections 607.0902 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]*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
Bert E. Roper *3.4.99* DATE

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE **DP**	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME **ROPER, BERT E**		1.2 NAME			
STREET ADDRESS **120 S.DILLARD ST.**		1.3 STREET ADDRESS			
CITY-ST-ZIP **WINTER GARDEN FL 34787**		1.4 CITY-ST-ZIP			
TITLE **DS**	☒ DELETE	2.1 TITLE *DS*		☐ Change	☐ Addition
NAME **KING, EDWARD L**		2.2 NAME *Hall, Stacia G*			
STREET ADDRESS **120 S DILLARD STREET**		2.3 STREET ADDRESS *120 S Dillard Street*			
CITY-ST-ZIP **WINTER GARDEN FL 34787**		2.4 CITY-ST-ZIP *Winter Garden, FL 34787*			
TITLE **D**	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME **DUPPENTHALER, DE**		3.2 NAME			
STREET ADDRESS **120 S. DILLARD ST.**		3.3 STREET ADDRESS			
CITY-ST-ZIP **WINTER GARDEN FL 34787**		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			

CR2E034 (11/98)

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]* *Stacia G. Hall* *3/4/99* *407-656-3233*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #