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FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 600585 (4)  
1. Corporation Name  
MCDONOUGH, O'DELL WIELAND & KRAKAR, P.A.



Principal Place of Business

Mailing Address

19 E. CENTRAL BLVD.  
P.O. DRAWER 1991  
ORLANDO FL 32802

19 E. CENTRAL BLVD.  
P.O. DRAWER 1991  
ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDONOUGH, JOHN R  
519 WHISPERWOOD DR  
LONGWOOD FL 32779

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 not a resident of Florida and accept the duties of a registered agent.

SIGNATURE

Signature typed or printed name of registered agent and, if applicable, (NOT) Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME WIELAND, WILLIAM J  
STREET ADDRESS 10521 VIA DEL SOL  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME MCDONOUGH, JOHN R  
STREET ADDRESS 519 WHISPERWOOD DRIVE  
CITY-ST-ZIP LONGWOOD, FL 00000

TITLE ☐ DELETE

NAME O'DELL, DONALD L  
STREET ADDRESS 708 RIVER BOAT CIR  
CITY-ST-ZIP ORLANDO FL

TITLE ☒ DELETE

NAME WILLIAMS, DONALD N  
STREET ADDRESS 3301 RAEFORD DR  
CITY-ST-ZIP ORLANDO FL

TITLE ☒ DELETE

NAME KRAKAR, MICHAEL J  
STREET ADDRESS 3827 SANIBEL COVE  
CITY-ST-ZIP OVIEDO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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.

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