

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
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90117 004 ***158.75

DOCUMENT # 603187

1. Corporation Name

EUBANKS, HILYARD & BOGAN, PROFESSIONAL ASSOCIATI
ON

Principal Place of Business

1000 LEGION PLACE, STE. 1700
P.O. BOX 4973
ORLANDO FL 32802

Mailing Address

1000 LEGION PLACE, STE. 1700
P.O. BOX 4973
ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1971

4. FEI Number

59-1363526

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

9. Name and Address of Current Registered Agent

CARTER A BRADFORD
130 HILLCREST ST
ORLANDO FL 32801

10. Name and Address of New Registered Agent

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 PD ☐ DELETE

NAME EUBANKS, ERNEST H
STREET ADDRESS 1000 LEGION PLACE #1700
CITY-ST-ZIP ORLANDO FL

TITLE STD ☐ DELETE

NAME HILYARD, SUTTON G. JR.
STREET ADDRESS 1000 LEGION PLACE #1700
CITY-ST-ZIP ORLANDO FL

TITLE V ☒ DELETE

NAME RUMBLEY, G. YATES
STREET ADDRESS 1000 LEGION PLACE #1700
CITY-ST-ZIP ORLANDO 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 VSD ☒ Change ☐ Addition

1.2 NAME EUBANKS, ERNEST H
1.3 STREET ADDRESS 20 NORTH ORANGE AVENUE STE 600
1.4 CITY-ST-ZIP ORLANDO FL 32801-4641

2.1 TITLE VTD ☒ Change ☐ Addition

2.2 NAME HILYARD, SUTTON G. JR.
2.3 STREET ADDRESS 20 NORTH ORANGE AVENUE STE 600
2.4 CITY-ST-ZIP ORLANDO FL 32801-4641

3.1 TITLE P ☐ Change ☒ Addition

3.2 NAME BOGAN, BRUCE R.
3.3 STREET ADDRESS 20 NORTH ORANGE AVENUE STE 600
3.4 CITY-ST-ZIP ORLANDO FL 32801-4641

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:

Ernest H. Eubanks / Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(407) 425-4251

Daytime Phone #

0091506

CR2E034 (1/1/98)