

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 607458 (7)

1. Corporation Name

FEDERAL ASSOCIATES OF ORLANDO, INC.

Principal Place of Business

435 HACIENDA VILLAGE
WINTER SPRINGS FL 32708

Mailing Address

435 HACIENDA VILLAGE
WINTER SPRINGS FL 32708



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

01/22/1979

3a. Date of Last Report

03/03/1995

4. FEI Number

59-1999437

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUTHERLAND, VERA A.
435 HACIENDA VILLAGE
WINTER SPRINGS FL 32708

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 fee if applicable

(Not E-Registered Agent signature required when reinstating)

(Date)

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	SHEA, JOHN P.	435 HACIENDA VILLAGE	WINTER SPRINGS FL	☐
STD	SHEA, JUNE A.	435 HACIENDA VILLAGE	WINTER SPRINGS FL	☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	☐ Change ☐ Addition
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	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: John P. Shea

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 6 1996 (407) 327-0963

CR2E034 (12/95)