

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

**DOCUMENT # 608127**

1. Corporation Name

HOLCOMB, JONES, AND SATORY-DE HOYOS, P.A.

Principal Place of Business

601 E ROLLINS ST  
ORLANDO FL 32803  
US

Mailing Address

2809 E JACKSON ST  
ORLANDO FL 32803  
US

**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90078 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1979

4. FEI Number

59-1882468

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

SATORY-DEHOYOS, ELIN V.  
601 E. ROLLINS ST.  
ORLANDO FL 32803

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 DS  
NAME RADI, MICHAEL M  
STREET ADDRESS 1325 BEVERLY COURT  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE DT  
NAME SATORY-DEHOYOS, ELIN V.  
STREET ADDRESS 1000 OLD ENGLAND AVE  
CITY-ST-ZIP WINTER PARK, FL 00000

☐ DELETE

TITLE D  
NAME ANDERSON, BRUCE V  
STREET ADDRESS 1897 ARLINGTON COURT  
CITY-ST-ZIP LONGWOOD, FL 00000

☐ DELETE

TITLE DP  
NAME HOLCOMB, RODNEY F  
STREET ADDRESS 2754 VINE ST  
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D  
NAME GUARDA, LUIS  
STREET ADDRESS 120 HAMLIN T. LANE  
CITY-ST-ZIP ALTAMONTE SPRGS FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DS  
1.2 NAME RADI, MICHAEL M  
1.3 STREET ADDRESS 601 E. ROLLINS STREET  
1.4 CITY-ST-ZIP ORLANDO, FL 32803

☒ Change ☐ Addition

2.1 TITLE DT  
2.2 NAME SATORY-DEHOYOS, ELIN V.  
2.3 STREET ADDRESS 601 E. ROLLINS STREET  
2.4 CITY-ST-ZIP ORLANDO, FL 32803

☒ Change ☐ Addition

3.1 TITLE D  
3.2 NAME ANDERSON, BRUCE V  
3.3 STREET ADDRESS 601 E. ROLLINS STREET  
3.4 CITY-ST-ZIP ORLANDO, FL 32803

☒ Change ☐ Addition

4.1 TITLE DP  
4.2 NAME HOLCOMB, RODNEY F  
4.3 STREET ADDRESS 601 E. ROLLINS STREET  
4.4 CITY-ST-ZIP ORLANDO, FL 32803

☒ Change ☐ Addition

5.1 TITLE D  
5.2 NAME GUARDA, LUIS  
5.3 STREET ADDRESS 601 E. ROLLINS STREET  
5.4 CITY-ST-ZIP ORLANDO, FL 32803

☒ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: E. J. JONES SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)