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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 634378

(4)

1. Corporation Name

CECIL L. BOTHWELL, JR., INC.

Principal Place of Business

833 N. MAGNOLIA AVENUE
ORLANDO FL 32803

Mailing Address

833 N. MAGNOLIA AVENUE
ORLANDO FL 32803-3636

2. Principal Place of Business

21 800 N. Highland Ave

Suite, Apt. #, etc

22 109

City & State

23 Orlando FL

Zip

24 32803

Country

25 Orange

2a. Mailing Address

26 800 N. Highland Ave

Suite, Apt. #, etc

27 109

City & State

28 Orlando

Zip

29 32803

Country

30 Orange

9. Name and Address of Current Registered Agent

BORGE, PEGGY V
833 N. MAGNOLIA AVENUE
ORLANDO FL 32803

Change Address

3. Date Incorporated or Qualified

09/01/1979

3a. Date of Last Report

04/23/1996

4. FEI Number

59-1937108

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

Peggy V. Borge

800 N. Highland Ave Suite 109

Orlando FL 32803

Orlando

FL

32803

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 for, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BURGE, PEGGY V.
STREET ADDRESS 833 N. MAGNOLIA AVE.
CITY-ST-ZIP ORLANDO FL

TITLE ST ☐ DELETE

NAME LINDA C SPOST
STREET ADDRESS 1739 CYPRESS RIDGE ROAD
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

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NAME ☐ DELETE

NAME ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 do 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.

SIGNATURE: PEGGY V. BURGE

Peggy V. Borge, Inc.

March 1, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)