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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 696351

CRAMER, JOHNSON, WIGGINS & ASSOCIATES, INC.

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Principal Place	e of Business	Mailing Address								
1420 EDGEWAT	TER DR	1420 EDGEWATER DR								
ORLANDO FL 3		ORLANDO FL 32804					DO NOT WRIT	E IN THIS S	SDACE	
US US						_	Date Incorporated or Qualifed	E IN IMIS	J-ACL	
						1				
							07/28/1981 FEI Number			pplied For
2. Principal Place of Business		2a. Mailing Address				1				lot Applicable
21		26				+	59-2110915			Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5.	Certifcate of Status Desired		·	Required
22		City & State				+	Fleeting Compaign Financing			May Be
City & Stat	te	h					Election Campaign Financing Trust Fund Contribution			to Fees
23	Country	Zip	Cou	ntry			This corporation owes the curre	nt vear Inta		
Zip	Country		30				Personal Property Tax.	in year inte	Yes	□No
24	9. Name and Address of Curren	29	[30]				Name and Address of New Re	egistered A	Agent	
	9. Name and Address of Curren	t Registered Agent		81 N	ame				<u> </u>	
CR∆	MER, CHARLES W			l I						
	DEDGEWATER DR	•		82 S	treet Addre	ess (P.	.O. Box Number is Not Acceptal	ole)		1
	ANDO FL 32804			83				·. · · · ·		
OnL	ANDO 1 E 32007			83						\$ 15°11
				84 C	ity			EI	85 Zip	Code
	to the provisions of Sections 607.050							<u>FL</u>	1	
SIGNATURE	Signature, typed or printed name of registered ager			Agent sigr	nature required			DATE		
12.	OFFICERS AN						ADDITIONS/CHANGES TO DEE	ICERS AN	D DIRECT	ORSIN 12
TITLE	I DO	D DIRECTORS	13.	m c	 	Δ	ADDITIONS/CHANGES TO OFF	ICERS AN		
	PD CHARLES	D DIRECTORS	1.1 TI			Α	ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECT Change	
NAME	CRAMER, CHARLES		1.1 TI 1.2 N	AME	2000	A	ADDITIONS/CHANGES TO OFF	ICERS AN		
NAME STREET ADDRESS	CRAMER, CHARLES 141 HARROGATE PLACE		1.1 TI 1.2 No 1.3 S	AME TREET ADD		A	ADDITIONS/CHANGES TO OFF	ICERS AN		
STREET ADDRESS CITY-ST-ZIP	CRAMER, CHARLES 141 HARROGATE PLACE LONGWOOD FL	☐ DELETE	1.1 TI 1.2 No 1.3 S ² 1.4 CI	AME TREET ADD		Α	ADDITIONS/CHANGES TO OFF	ICERS AN	Change	Addition
STREET ADDRESS	CRAMER, CHARLES 141 HARROGATE PLACE LONGWOOD FL SD		1.1 TI 1.2 No 1.3 Si 1.4 Ci 2.1 Ti	AME TREET ADD TY-ST-ZIP TLE		Α	ADDITIONS/CHANGES TO OFF	ICERS AN		Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	CRAMER, CHARLES 141 HARROGATE PLACE LONGWOOD FL SD JOHNSON, DAVID C.	☐ DELETE	1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N	AME TREET ADD TTY-ST-ZIP TLE AME		A	ADDITIONS/CHANGES TO OFF	ICERS AN	Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE	CRAMER, CHARLES 141 HARROGATE PLACE LONGWOOD FL SD JOHNSON, DAVID C. 954 GROVE PARK DR NO	☐ DELETE	1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S	AME TREET ADD TY-ST-ZIP TLE AME TREET ADD	DRESS	A	ADDITIONS/CHANGES TO OFF	ICERS AN	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 of 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 of 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 chapted, pron an adachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90048 004 ***150.00