

2000 UNIFORM BUSINESS REPORT (UBR)

1/29/00-90023-009-\$61.25-\$61.25

DOCUMENT # 752229

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1861954** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name **Conboy, David L**
Street Address (P.O. Box Number is Not Acceptable) **4945 SPIRAL WAY**
City **St. Cloud** FL Zip Code **34769**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *David L. Conboy* DATE 1-24-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		
TITLE	COM	<input checked="" type="checkbox"/> Delete
NAME	HODGINS, CHARLES	
STREET ADDRESS	12 WYOMING AVE	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	STURGEON, GEORGE	
STREET ADDRESS	1616 MARYLAND AVE.	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MURPHY, JOHN F	
STREET ADDRESS	1700 EASTERN AVE	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONSTANTINI, BRUNO G	
STREET ADDRESS	3620 CLEOPATRA	
CITY-ST-ZIP	ST CLOUD FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SWANSON, CHARLES	
STREET ADDRESS	2670 ANN AVE.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CONBOY, DAVID L	
STREET ADDRESS	4945 SPIRAL WAY	
CITY-ST-ZIP	ST. CLOUD FL 34769	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	Com.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Conboy, David L.	
STREET ADDRESS	4945 Spiral Way	
CITY-ST-ZIP	ST. Cloud, Fl. 34769	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cianciotta, Anthony	
STREET ADDRESS	117 Monroe Ave.	
CITY-ST-ZIP	ST. Cloud, Fl. 34769	
TITLE	Jr V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Depin, Homer	
STREET ADDRESS	325 Rosedale Ave. Lot 64	
CITY-ST-ZIP	ST. Cloud, Fl. 34769	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David L. Conboy* DATE 1-24-2000 407-592-6761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #