

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

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90114 037 ***150.00

DOCUMENT # F08888

1. Corporation Name
ORLANDO PLATING CO.

Principal Place of Business
601 N. ORANGE BLOSSOM TRAIL
~~P.O. BOX 2609~~
ORLANDO FL ~~32802~~

Mailing Address
~~601 N. ORANGE BLOSSOM TRAIL~~
P.O. BOX 2609
ORLANDO FL 32802



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/12/1980

4. FEI Number
59-2067380

Applied For
Not Applicable

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

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

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 600 N. ORANGE BLOSSOM TR
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 32805 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

HALL, GARY L
243 TIMBERLAND AVE
LONGWOOD FL 32750

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 DV ☐ DELETE
NAME SCOTT, CYNTHIA T
STREET ADDRESS 700 WESLEYAN DRIVE
CITY-ST-ZIP MACON GA

TITLE PD ☐ DELETE
NAME SCOTT, THOMAS W
STREET ADDRESS 700 WESLEYAN DRIVE
CITY-ST-ZIP MACON GA

TITLE VDS ☐ DELETE
NAME HALL, GARY L.
STREET ADDRESS 243 TIMBERLAND AVE.
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 120 PLANTATION OAKS DRIVE
1.4 CITY-ST-ZIP MACON, GA 31220

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 120 PLANTATION OAKS DRIVE
2.4 CITY-ST-ZIP MACON, GA 31220

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY L. HALL

4/30/99 (407) 843-1140

CR2E034 (1/98)

0091381