

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 # **G43615**

1. Corporation Name

**CENTRAL FLORIDA SURVEYS, INC.**

Principal Place of Business

1104 E. ROBINSON ST.  
ORLANDO FL 32801

Mailing Address

1104 E. ROBINSON ST.  
ORLANDO FL 32801

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90108 025 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/13/1983**

4. FEI Number

**59-2305026**

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

2. Principal Place of Business

2a. Mailing Address

21 **379 W. Michigan St.**

26 **379 W. Michigan St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 208**

27 **Suite 208**

City & State

City & State

23 **Orlando, FL**

28 **Orlando, FL**

Zip

Country

Zip

Country

24 **32806**

☐

**USA**

29 **32806**

☐

**USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIVernoise, GERALD F.**  
**1104 E. ROBINSON ST.**  
**ORLANDO FL 32801**

81 Name

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

**379 W. Michigan St.**

83

**Suite 208**

84

**Orlando**

**FL**

85

**32806**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **DV**  
STREET ADDRESS **CONKLIN, BRISTOL C.**  
CITY-ST-ZIP **1201 WASHINGTON DRIVE**  
**SANFORD FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **DV**  
STREET ADDRESS **PORTER, PAUL E.**  
CITY-ST-ZIP **2118 S. PARK AVENUE**  
**SANFORD FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **DVT**  
STREET ADDRESS **HOLMES, WILLIAM R.**  
CITY-ST-ZIP **543 CORNWALL ROAD**  
**WINTER PARK FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **DP**  
STREET ADDRESS **LIVernoise, GERALD F**  
CITY-ST-ZIP **2920 HOFFNER ROAD**  
**ORLANDO, FL 00000**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **DVS**  
STREET ADDRESS **TUCKER, ARTHUR W**  
CITY-ST-ZIP **8080 ILLINOIS AVE**  
**GROVELAND FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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

Date

Daytime Phone #

(407) 422-0957

CR2E034 (11/98)