## 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 # G58614

1. Corporation Name JOANNE P. PRINCE P.A.

Principal Place of Business

Mailing Address

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90155 007 \*\*\*150.00



| 1236 ERIK COL<br>ALTAMONTE SE                                       | JRT<br>Prings fl 32714 ·   | 1236 ERIK COURT<br>ALTAMONTE SPRINGS FL 3                            | 2714                |   |   | DO NOT WRITE IN THIS SPACE   |  |
|---|--|--|---------------------|---|---|--|--|
|   |  |  |                     |   | •   | 3. Date Incorporated or Qualifed 09/08/1983  |  |
| Principal Place of Business     2a. Mailing Address                 |  |  |                     |   |   | 4. FEI Number Applied For  |  |
| 21 26   |  |  |                     |   |   | <b>59-2317454</b> Not Applicable   |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27                          |  |  |                     |   |   | 5. Certificate of Status Desired   \$8.75 Additional Fee Required                          |  |
| City & Stat   | te   | City & State   | •                   |   |   | 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees        |  |
| Zip <b>24</b>   | Country Zip 29   |  |                     | Country 30  |   | 8. This corporation owes the current year Intangible Personal Property Tax. Yes \square No |  |
|   | 9. Name and Address of Curren  | nt Registered Agent  |                     |   |   | 10. Name and Address of New Registered Agent   |  |
| 541   | ANTONIC DANIEL D   |  |                     | 81  | Name  |  |  |
| BALLANTYNE, DANIEL R.<br>903 N. PINE HILLS ROAD<br>ORLANDO FL 32808 |  |  |                     | 82 Street Address (P.O. Box Number is Not Acceptable) |   |  |  |
|   |  |  |                     | 83  | B3  |  |  |
| <b>3</b>  |  |  |                     | 84  | City  | FL 85 Zip Code   |  |
| 11. Pursuant  | to the provisions of Sections 607.050  | 02 and 607.1508, Florida Statute                                     | s, the a            | bove  | named co  | progration submits this statement for the purpose of changing its registered               |  |
| office or r   | registered agent, or both, in the State<br>im familiar with, and accept the obliga | of Florida. Such change was au<br>ations of, Section 607.0505, Flori | thorized<br>da Stat | d by t<br>utes.                                       | he corpora  | ation's board of directors. I hereby accept the appointment as registered                  |  |
| SIGNATURE   |  |  |                     |   |   |  |  |
| SIGNATURE   | Signature, typed or printed name of registered age                                 | int and title if applicable. (NOTE: F                                | Registered          | Agent   | signature requ                                    | ired when reinstating) DATE  |  |
| 12.   | OFFICERS AN  | OFFICERS AND DIRECTORS 13.   |                     |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |
| TITLE   | PDS  | ☐ DELETE   | 1.1 TI              | TLE   |   | Change Addition  |  |
| NAME  | PRINCE, JOANNE P   |  | 1.2 N               | AME   |   |  |  |
| STREET ADDRESS  | 1236 ERIK COURT  |  | 1.3 S               | TREET   | ADDRESS   |  |  |
| CITY-ST-ZIP   | ALTAMONTE SPRGS. FL  | MONTE SPRGS. FL 1.4 CF   |                     | ITY-ST  | ZIP   |  |  |
| TITLE   |  | ☐ DELETE   | 2.1 ₮               |   |   | ☐ Change ☐ Addition  |  |
| NAME  | 1  |  | 2.2 N               | AME   |   |  |  |
| STREET ADDRESS  |  |  | 1                   |   | ADDRESS   |  |  |
| CITY-ST-ZIP   |  | •  |                     | ITY-ST  |   |  |  |
| TITLE   |  | ☐ DELETE   | 3.1 TI              |   |   | ☐ Change ☐ Addition  |  |
| NAME  |  | <b>_</b>   | 3.2 N               |   |   | - · <u>-</u>   |  |
|   |  |  | •                   |   | ADDRESS   |  |  |
| STREET ADDRESS  |  |  |                     |   |   |  |  |
| CITY-ST-ZIP<br>TITLE  |  | ☐ DELETE   | 4.1 TI              | ITY-ST<br>TIF   | -211  | ☐ Change ☐ Addition  |  |
|   |  |  | 4. 2 N              |   | 1   | _  |  |
| NAME<br>STREET ADORESS  |  |  |                     |   | ADDRESS   |  |  |
| STREET ADDRESS  |  |  |                     |   |   |  |  |
| CITY-\$T-ZIP  |  | ☐ DELETE   | 5.1 T               | TY-ST   | -212  | ☐ Change ☐ Addition  |  |
| TITLE   |  | ET DECETE  | 5.1 II              |   |   | □ overlige □ requirer  |  |
| NAME  |  |  |                     |   | ADDRESS   |  |  |
| STREET ADDRESS  |  |  |                     | TY-ST   |   |  |  |
| CITY-ST-ZIP   |  | DELETE   | 6.1 TI              |   | -217  | ☐ Change ☐ Addition  |  |
| TITLE   |  | ☐ DELETE   |                     |   |   | □ ⊘rraniĝe □ Lyadistoti  |  |
| NAME  |  |  | 62 N                |   |   |  |  |
| STREET ADDRESS  |  |  |                     |   | ADDRESS   |  |  |
| CITY-ST-ZIP   |  |  | 64 C                | TY-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 of 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** 

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