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Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90068 017 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G89830

1. Corporation Name

SELLAR, SEWELL, RUSS, SAYLOR & JOHNSON, P. A.

Principal Place of Business

907 WEBSTER ST.
P.O. BOX 492722
LEESBURG FL 34749-9722

Mailing Address

907 WEBSTER ST.
P.O. BOX 492722
LEESBURG FL 34749-9722

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1984

4. FEI Number

59-2385063

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

SELLAR, CHARLES B. P.
907 WEBSTER STREET
LEESBURG FL 34748

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 TD
NAME SELLAR, CHARLES B. P.
STREET ADDRESS 6191 S. SILVER LAKE DR
CITY-ST-ZIP LEESBURG FL

TITLE VD
NAME SAYLOR, BRUCE A.
STREET ADDRESS 2919 COCOVIA WAY
CITY-ST-ZIP LEESBURG FL

TITLE SD
NAME RUSS, GEORGE H.
STREET ADDRESS 36049 SPRING LAKE BLVD.
CITY-ST-ZIP FRUITLAND PARK FL

TITLE PD
NAME SEWELL, STEPHEN G.
STREET ADDRESS 1001 SHORE ACRES DR
CITY-ST-ZIP LEESBURG FL

TITLE ASD
NAME JOHNSON, CHARLES, D
STREET ADDRESS 38917 MICHELLE ST
CITY-ST-ZIP LADY LAKE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE
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 #

11/20/79 352/728-4172

CR2E034 (11/98)