

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # H15838 (6)

1. Corporation Name
MCDIRMIT, DAVIS, LAUTERIA, PUCKETT, VOGEL & COMP ANY, P.A.



Principal Place of Business 612 E.COLONIAL STE.350 ORLANDO FL 32803	Mailing Address 612 E.COLONIAL STE.350 ORLANDO FL 32803
--	--

3. Date Incorporated or Qualified
07/24/1984

2. Principal Place of Business 21 Suite, Apt. #, etc. 605 E. ROBINSON ST, STE 635 City & State ORLANDO, FL Zip 32801 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 605 E. ROBINSON ST., STE 635 City & State ORLANDO, FL Zip 32801 Country
---	---

4. FEI Number 59-2427358	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DAVIS, EUGENE ROBERT
612 E COLONIAL DRIVE
STE 350
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	605 E. ROBINSON STREET
83	SUITE 635
84 City	ORLANDO FL
85 Zip Code	32801

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: *Eugene A. Davis* DATE: **1/12/98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCDIRMIT, ELDEN G.	
STREET ADDRESS	2409 PERSHING OAKS PLACE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	DAVIS, EUGENE ROBERT	
STREET ADDRESS	110 COVE COLONY RD.	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAUTERIA, LOUIS H.	
STREET ADDRESS	748 TERRACE BLVD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	2871 MARSALA COURT
1.3 STREET ADDRESS	ORLANDO, FL 32806
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D CHARLES W. PUCKETT
4.3 STREET ADDRESS	1345 PLACE PICARDY
4.4 CITY-ST-ZIP	WINTER PARK, FL 32789
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Eugene A. Davis* **EUGENE A. DAVIS** 1-12-98 (407) 843-5406

CR2E034 (10/97)