

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

**FILED**  
**Apr 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H15838 (6)**

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



Principal Place of Business <b>612 E.COLONIAL STE.350                  ORLANDO FL 32803</b>	Mailing Address <b>612 E.COLONIAL STE.350                  ORLANDO FL 32803</b>
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3. Date Incorporated or Qualified  
**07/24/1984**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. <b>608 E. ROBINSON ST, STE 635</b>	26 Suite, Apt. #, etc. <b>608 E. ROBINSON ST., STE 635</b>
23 City & State <b>ORLANDO, FL</b>	28 City & State <b>ORLANDO, FL</b>
24 Zip <b>32801</b>	29 Zip <b>32801</b>

4. FEI Number <b>59-2427358</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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)	<b>608 E. ROBINSON STREET</b>
83	<b>SUITE 635</b>
84 City	<b>ORLANDO FL</b>
85 Zip Code	<b>32801</b>

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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCDIRMIT, ELDEN G.</b>	
STREET ADDRESS	<b>2409 PERSHING OAKS PLACE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, EUGENE ROBERT</b>	
STREET ADDRESS	<b>110 COVE COLONY RD.</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LAUTERIA, LOUIS H.</b>	
STREET ADDRESS	<b>748 TERRACE BLVD.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<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	<b>2871 MARSALA COURT</b>
1.3 STREET ADDRESS	<b>ORLANDO, FL 32806</b>
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	<b>D CHARLES W. PUCKETT</b>
4.3 STREET ADDRESS	<b>1345 PLACE PICARDY</b>
4.4 CITY-ST-ZIP	<b>WINTER PARK, FL 32789</b>
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)