

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

FILED

May 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # H17055 (5)**  
1. Corporation Name  
**FUMEA - ATKINSON, INC.**

Principal Place of Business  
**200 ST. ANDREWS BLVD.  
SUITE 2003  
WINTER PARK FL 32792**

Mailing Address  
**PO BOX 983  
WINTER PARK FL 32790-0983**



**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**

**ATKINSON, DONNA  
200 ST. ANDREWS BLVD.  
SUITE 2003  
WINTER PARK FL 32792**

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

**3. Date Incorporated or Qualified**

**08/17/1984**

**3a. Date of Last Report**

**08/01/1996**

**4. FEI Number**

**59-2524684**

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 has liability for intangible tax under s. 199.032, Florida Statutes**

☒ Yes ☐ No

**10. Name and Address of New Registered Agent**

**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**

**PD** ☐ DELETE  
**ATKINSON, DONNA**  
**200 ST. ANDREWS BLVD. #2003**  
**WINTER PARK FL 32792**

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**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

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**14. I do 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** *[Signature]*

CR2E034 (9/96)