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

Mailing Address 1095 WEST MORSE BLVD.

WINTER PARK FL 32789

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # H37278

Principal Place of Business

1095 WEST MORSE BLVD. WINTER PARK FL 32789

US

THE LISENBY CORPORATION

								<ol> <li>Date Incorporated or Qualifed 01/08/1985</li> </ol>					
5 D : : : 1 D	f Dusie		2- Mailie	2a. Mailing Address				4. FEI Number Applied Fe					
2. Principal Pl	ace or Busin	iess	26 Main	ig Address				59-2478925		$\vdash$	+ • •	Applicable	
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				5. Certifcate of Status Desired		8.75 Additional Fee Required			
22			27					The state of the s					
City & State			28	City & State			Election Campaign Financing     Trust Fund Contribution				\$5.00 May Be Added to Fees		
Zip		Country	Zip	Zip Cou			G. This series and the series years				-	<b>.</b>	
24	25			30			Personal Property Tax.					□No	
Name and Address of Current Registered Agent								10. Name and Address of New Regis	tered A	Agent			
BANGS, TERRY W.						1	Name						
		VV. DRSE BLVD.					82 Street Address (P.O. Box Number is Not Acceptable)						
AAIMI	TER PARK	FL 32/89			8	3							
							City	ty FL			85 Zip Code		
Described the application of Seption 607 0503 and 607 1508. Elevido Statutes the above paged compration submits this statement for the purpose of changing its registered													
11. Pursuant to the provisions of sections of 7.002 and 007.1002 and 0													
SIGNATURE	Signature, typed	or printed name of registered age	ent and title if applica	ble. (NOTE	: Registered Ag	ent :	signature require	ed when reinstating) D	ATE				
12.		OFFICERS AF	ND DIRECTOR	RS	13.			ADDITIONS/CHANGES TO OFFICE	RS AN				
TITLE	PD			DELETE	1.1 TITLE	•				☐ Cha	ange	Addition	
NAME	BANGS, 1	terry W.		1.2 NAM	E						{		
STREET ADDRESS	1095 WES	st morse blvd.		1.3 8			ADDRESS						
CITY-ST-ZIP	WINTER I	PARK FL 32789		1.4 CI			ZIP						
TITLE	STD			☐ DELETE	2.1 TITLE	: -				Chi	ange	Addition	
NAME	SCHULTZ	z, Kenneth H.			2.2 NAME	Ε						ļ	
STREET ADDRESS	1095 WE	st morse blvd.		2.3 8			ADDRESS					j	
CITY-ST-ZIP	WINTER I	PARK FL 32789		2.40			-ZIP	·					
TITLE				☐ DELETE	3 1 TITLE			- <del></del>		Chi	ange	☐ Addition	
NAME					3.2 NAME	Ε						}	
STREET ADDRESS				•	3.3 STRE	ET/	ADDRESS						
CITY-ST-ZIP					3.4. CITY	<u>-S</u> T	-ZIP						
TITLE				☐ DELETE	4.1 TITLE	= _				☐ Ch	ange	☐ Addition	
NAME					4. 2 NAM	ΚE						}	
STREET ADDRESS					4.3 STRE	EET/	ADDRESS					'	
CITY-ST-ZIP					4.4 CITY	-ST-	- ZIP						
TITLE				☐ DELETE	5.1 TITLE	Ξ				☐ Ch	ange	☐ Addition	
NAME					5.2 NAMI	E						{	
STREET ADDRESS					5.3 STRE	EET/	ADDRESS						
CITY-ST-ZIP					5.4 CITY		-ZIP						
TITLE				☐ DELETE	6.1 TITLE	= _	T			☐ Ch	ange	☐ Addition {	
NAME					6.2 NAM	E						{	
STREET ADDRESS					6.3 STRE	EET/	ADDRESS					}	
CITY-ST-ZIP					6.4 CITY								
14. I become contify 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													
officer or Block 12	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 or an attachment with an address, with all other like empowered.												

RE RECKenneth Schultz

1/29/99

**FILED** 

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90081 023 \*\*\*158.75

DO NOT WRITE IN THIS SPACE