Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90038 007 ***150.00

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

' PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K13996 1. Corporation Name

STUMP, STOREY & CALLAHAN P.A.

Principal Plac	e of Business	Mailing Address		I (1919) II tas time time time and alex alem alem alem alem alem alem alem alem
28 E WASHINGTON STREET P O BOX 3388 ORLANDO FL 32801 ORLANDO FL 32802				DO NOT WIDTE IN THE OPACE
is		US		DO NOT WRITE IN THIS SPACE
	•			3. Date Incorporated or Qualified 01/29/1988
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number Applied For
137 N. OKANGE AVE 26				59-2865529 Not Applicable
Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required	
2				
3 OK A-D 0 28			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country Zip		Country	8. This corporation owes the current year Intangible	
_ ` -	2801 25 USA	29 30		Personal Property Tax. ☐ Yes ☐ No
<u></u>	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
CTO	DEV DUILD A		81 Name	•
STOREY, PHILIP A 28 E WASHINGTON STREET			82 Street Addr	ess (P.O. Box Number is Not Acceptable)
ORLANDO FL 32801			<u> </u>	J. OR ANG E AJE
ONLANDO I E 3200 I			83 . 5	SUITE 200
			84 City	LANDD FL 85 Zip Code 32 X 31
office or r	registered agent, or both, in the State of	i Florida. Such change was auth	the above-named corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	a Statutes.	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent signature required	d when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	
NAME	STOREY, PHILIP A		1.2 NAME	7 N. ORANGE AVE, STELOO
STREET ADDRESS	28-E-WASHINGTON STREET		1.3 STREET ADDRESS 3	7 N. DIZMOGE 1100, S.C 200
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	REANDO R 32801 BChange Addition
TITLE	D	☐ DELETE	4	
NAME	STUMP, JOHN R		2.2 NAME 7	7 NORANGE AVE. STELOO
STREET ADDRESS	28-E WASHINGTON STREET		2.3 STREET ADDRESS	2 22821
CITY-ST-ZIP	ORLANDO FL 32801	☐ DELETE	2. 4 CITY-ST-ZIP (TN. OLANGE AVE. STELLOO
TITLE NAME	CALLAHAN, W. SCOTT		32 NAME	- 1 MANSE AVE STELLOO
NAME STREET ADDRESS	AS E MASOURIOTON OTDEET		3.3 STREET ADDRESS	+ 10. 0-1. O.
OITY-ST-ZIP	ORLANDO FL 32801		3.4. CITY-ST-ZIP 10	1K-ANDO; FZ 32801 ""
TITLE		☐ DELETE	4.1 TITLE	Change
NAME			4, 2 NAME	(
TREET ADDRESS			4.3 STREET ADDRESS	:
ITY-ST-ZIP			4.4 CITY- ST-ZIP	
ITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
AME			5.2 NAME	:
TREET ADDRESS			5.3 STREET ADDRESS	·
ITY-ST-ZIP		□ pricte	5.4 CITY-\$T-ZIP 6.1 TITLE	Change Addition
TITLE		☐ DELETE	6.2 NAME	, Charge Districts
NAME			6.3 STREET ADDRESS	•
TREET ADDRESS	l .		5.5 DITECT (IDDITECT)	·
TITV ST 7ID			6.4 CITY-ST-ZIP	1

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:

