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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # K17136 1. Corporation Name

CHARLES "ROB" DEFOOR & ASSOCIATES, INC.

OTABLEO	, Hop beloon a hoose		u a							
Principal Place	of Business	Mailing Address								
C/O MR. C. "ROB" DEFOOR P.O. BOX 3182 427 KNOLL TREE LANE POPKA FL 32703										
APOPKA FL 32703						DO NOT WRITE IN THIS SPACE				
			•			3. Date Incorporated or Qualif 02/29/1988	ed			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		App	lied For	3:
26						59-2879723			Applicable	•
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	ı 🗆	\$8.75 A	I	
27							uired			
City & State City & State		City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution Added to Fees				
Zip Country Zip		<b>⊢</b>	Country  30			8. This corporation owes the current year Intangible Personal Property Tax.				
24	9. Name and Address of Curren	t Registered Agent	30			10. Name and Address of Ne	w Registered	Agent		
	9. Name and Address of Culter	it Registered Agent		81	Name					
DEFO	OOR, CHARLES R.			82	Ctroot Adde	ress (P.O. Box Number is Not Acc	entable)	· · · · · · · · · · · · · · · · · · ·		
427 1	KNOLL TREE LANE			02	Stieet Addi	255 (F.O. DOX Hambor to Her Hoo		<u> </u>		
ADΩ	PKA FL 32703			83			15 1 1			
AFUI				84	City			85 Zip C	ode	
AFOI								1 1 1 1	· ' i	
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14 Burningt	to the provisions of Sections 697.050	2 and 807 1 08, Florida	statutes, the	1 1	•	poration submits this statement for	the purpose of	changing its intraction	registered pistered	
14 Burningt	to the provisions of Sections 697 050 egistered agent, or both, in the State or familiar with, and accept the obtain	2 md e07 1578, Florida of Florida Sych et 258 Tens of Section 207 050	Statutes, the awas authorized 5, Florida Sta	above-r	•	poration submits this statement for on's board of directors. I hereby a	the purpose of ccept the appo	changing its intment as reg	registered pistered	
11. Pursuant i office or reagent. I ar	m familiar with, and accept the danger		. I londa ota	above-red by thatutes.	named corp ne corporation		1-5-	changing its intment as reg	registered pistered	_
11. Pursuant i office or re agent. I ar SIGNATURE	m familiar with, and accept the dataset	nt and title if applicable.	(NOTE: Registere	above-red by thatutes.	named corp ne corporation	ad when reinstating)	1-5-	77		(86)
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this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rannyal report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an executive trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in the first with an address, with all other like empowered. 14. I hereby certify that the information supplier indicated on this annual report of supplier officer or director of the corporation of the Block 12 or Block 13 if changed, protein in the corporation of the corporation of the supplier of the corporation of the corporation of the supplier of the corporation of the c

SIGNATURE: /\_

SIGNATCHARUES ER. NOE FER

**FILED** 

Jan 26, 1999 8:00am

**Secretary of State** 

01-26-1999 90033 050 \*\*\*150.00