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May 04, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K48923

1. Corporation Name
FLEET FINANCIAL CORPORATION

Principal Place of Business

750 FLEET FINANCIAL CT
LONGWOOD FL 32750
US

Mailing Address

750 FLEET FINANCIAL CT
PO BOX 520578
LONGWOOD FL 32752-0578
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1988

4. FEI Number

65-0085470

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

21 254 Fleet Financial Ct
Suite, Apt. #, etc.

22 300

City & State

23 Longwood, FL

Zip

24 32750

Country

25 USA

2a. Mailing Address

26 254 Fleet Financial Ct
Suite, Apt. #, etc.

27 300

City & State

28 Longwood

Zip

29 FL 32750

Country

30 USA

9. Name and Address of Current Registered Agent

TOWERS, MICHAEL F., V.P.
750 FLEET FINANCIAL COURT
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

Michael F. Towers, P

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

961 Palm Springs Rd

83

84 City

Longwood

FL

85 Zip Code

32779

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.

Michael F. Towers, Pres

DATE

3/3/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PC
NAME TOWERS, MICHAEL
STREET ADDRESS 961 PALM SPRINGS RD
CITY-ST-ZIP LONGWOOD FL 32779

☐ DELETE

TITLE VPD
NAME MAHONEY, ANDREA
STREET ADDRESS 2078 S PARKTON
CITY-ST-ZIP DELTONA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: Michael F. Towers SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99 407-830-6200

Date

Daytime Phone #

CR2E034 (1/198)