

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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90025 026 ***150.00

DOCUMENT # L39381

1. Corporation Name

WOLFF, HILL, MCFARLIN & HERRON, P.A.

Principal Place of Business

135 W. CENTRAL BLVD #700
ORLANDO FL 32801
US

Mailing Address

135 W. CENTRAL BLVD #700
ORLANDO FL 32801
US

2. Principal Place of Business

21 1851 W. Colonial Dr.

2a. Mailing Address

26 1851 W. Colonial Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Orlando, FL 32804

City & State

28 Orlando, FL 32804

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

WOLFF, FRANK M
135 W. CENTRAL BLVD.
SUITE 700
ORLANDO FL 32801

3. Date Incorporated or Qualified

12/22/1989

4. FEI Number

59-2981982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

1851 W. Colonial Dr.

83

84 City

Orlando

FL

85 Zip Code

32804

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

TITLE PD ☐ DELETE
NAME HILL, PETER N.
STREET ADDRESS 837 MELLOWOOD AVE
CITY-ST-ZIP ORLANDO FL

TITLE TD ☐ DELETE
NAME WOLFF, FRANK M.
STREET ADDRESS 1741 ALGONQUIN TR
CITY-ST-ZIP MAITLAND FL

TITLE VD ☐ DELETE
NAME MCFARLIN, DAVID R.
STREET ADDRESS 135 W. CENTRAL BLVD, STE. 700
CITY-ST-ZIP ORLANDO FL

TITLE SD ☐ DELETE
NAME HERRON, KENNETH D JR.
STREET ADDRESS 135 W. CENTRAL BLVD., STE. 700
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 VD ☒ Change ☐ Addition
2.2 NAME 9652 Woodmont Place
2.3 STREET ADDRESS Windermere, FL 32786
2.4 CITY-ST-ZIP

3.1 TITLE TD ☒ Change ☐ Addition
3.2 NAME 1851 W. Colonial Dr.
3.3 STREET ADDRESS Orlando, FL 32804
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME 1851 W. Colonial Dr.
4.3 STREET ADDRESS Orlando, FL 32804
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:

SIGNATURE REQUIRED

Date

Daytime Phone #

1-18-99 (407)648-0058

CR2E034 (11/98)

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