

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
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90292 045 ***150.00

DOCUMENT # M72549

1. Corporation Name

CRAGAN CAMPPELLONE & ASSOCIATES, INC.

Principal Place of Business

100 S ORANGE AVE.
#410
ORLANDO FL 32801
US

Mailing Address

SAME
4589 LIGHTHOUSE CIRCLE
ORLANDO FL 32808
US

2. Principal Place of Business

21 100 S. ORANGE AVE.

2a. Mailing Address

26 100 S. ORANGE AVE

Suite, Apt., #, etc.

22 8th FLOOR

Suite, Apt., #, etc.

27 8th FLOOR

City & State

23 ORLANDO, FL

City & State

28 ORLANDO, FL

Zip

24 32801

Country

25 US

Zip

29 32801

Country

30 US

9. Name and Address of Current Registered Agent

CAMPPELLONE, RAE ANNE
4589 LIGHTHOUSE CIRCLE
ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/14/1988

4. FEI Number

59-2880128

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

10. Name and Address of New Registered Agent

81 Name

RAE ANNE CAMPPELLONE

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

4589 LIGHTHOUSE CIRCLE

83

84 City

ORLANDO

FL

85 Zip Code

32808

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 D ☐ DELETE

NAME CAMPPELLONE, RAE ANNE
STREET ADDRESS 4589 LIGHTHOUSE CIRCLE
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ DELETE

NAME CAMPPELLONE, MICHELINA
STREET ADDRESS 1106 BONNIE LOU DR.
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME CRAGAN, MICHAEL G.
STREET ADDRESS 6233 ALBETH RD.
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

P

☒ 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

V

☒ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

6232 ALBETH RD.

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-99

Date

407-648-4660

Daytime Phone #

CR2E034 (11/98)