

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90120 020 ****61.25

0073245

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N14474

1. Corporation Name

THE FLORIDIANS, INC.

Principal Place of Business

1726 KING PHILLIP DR
KISSIMMEE FL 34744

Mailing Address

P O BOX 423445
KISSIMMEE FL 34742-3445
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/18/1986

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2803425

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LONG, WILLIAM J.
1726 KING PHILLIP DR.
KISSIMMEE FL 32743

81 Name

Same

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

Same

83 City

Same

FL

85 Zip Code

34744

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME LONG, WILLIAM
STREET ADDRESS 1726 KING PHILLIP DR
CITY-ST-ZIP KISSIMMEE FL 34744

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD ☐ DELETE
NAME TRISSEL, DEBORAH M. -- *Void*
STREET ADDRESS 4875 N.E. 76TH WAY --
CITY-ST-ZIP WILDWOOD FL 34755 --

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME LONG, WILLIAM II
STREET ADDRESS 5650 CYRIL'S DR.
CITY-ST-ZIP ST. CLOUD FL 32769

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Sectary/Treasurer/Director
3.3 STREET ADDRESS Long, William J. II
3.4 CITY-ST-ZIP 5650 Cyril's Drive
St. Cloud, FL 32769

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Vice President/Director
4.3 STREET ADDRESS Geoffery Bashoum
4.4 CITY-ST-ZIP 885 So. Vineland Road
Winter Garden, FL 34787

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 617, 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:

William J. Long
REQUIRED

1/29/99 407-846-0998

CR2E037 (11/98)