

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N32532** (6)

1. Corporation Name

ORLANDO COMBINE, INC.



Principal Place of Business

5307 BINNACLE COURT
C/O CARL MAIER
WINTER PARK FL 32792

Mailing Address

5307 BINNACLE COURT
C/O CARL MAIER
WINTER PARK FL 32792

3. Date Incorporated or Qualified
05/26/1989

3a. Date of Last Report
03/16/1995

2. Principal Place of Business

21 **800 BELVEDERE RD.**

2a. Mailing Address

26 **2080 RUNNING HORSE TRAIL**

4. FEI Number
59-2120949

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

23 **ORLANDO FLA.**

City & State

28 **ST. CLOUD, FLA.**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

24 **32820**

Country

25 **ORANGE**

Zip

29 **32769**

Country

30 **OSCEOLA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAIER, CARL
5307 BINNACLE COURT
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name **PAUL JOHNSON**
82 Street Address (P.O. Box Number is Not Acceptable)
2080 RUNNING HORSE TRAIL
83
84 City **ST. CLOUD** FL 85 Zip Code **32769**

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

Paul M. Johnson

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/96

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SANTIAGO, GILBERTO	
STREET ADDRESS	14308 HUNTING FIELD CT	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BACON, DAVID	
STREET ADDRESS	2869 CROCKED LAKE DR	
CITY-ST-ZIP	EUSTIS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MAIER, CARL	
STREET ADDRESS	5307 BINNACLE COURT	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PAUL JOHNSON	
1.3 STREET ADDRESS	2080 RUNNING HORSE TRAIL	
1.4 CITY-ST-ZIP	ST. CLOUD FLA. 32769	
2.1 TITLE	S-8	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Holder	
2.3 STREET ADDRESS	3432 CONSTANCE DRIVE	
2.4 CITY-ST-ZIP	TITUSVILLE, FLA. 32796	
3.1 TITLE	T-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILLIAM MEEKS	
3.3 STREET ADDRESS	640 LAKE KATHRYN CIRCLE	
3.4 CITY-ST-ZIP	CASSEL BERRY, FLA. 32707	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Paul M. Johnson

Date

1/29/96

Daytime Phone #

407-957-5318

CR2E037 (12/95)