

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90027 029 \*\*\*\*61.25

**DOCUMENT # N95000005883**

1. Corporation Name

**PRINCETON HOUSE, INC.**

Principal Place of Business

630 WEST PRINCETON ST  
ORLANDO FL 32804  
US

Mailing Address

630 WEST PRINCETON ST  
ORLANDO FL 32804  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/14/1995

4. FEI Number

59-3351363

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

9. Name and Address of Current Registered Agent

TUCKER, CAROL B  
1424 LEEWAY AVENUE  
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE ☐ DELETE

NAME PD  
TUCKER, CAROL B  
STREET ADDRESS 1424 LEEWAY AVENUE  
CITY-ST-ZIP ORLANDO FL 32810

TITLE ☒ DELETE

NAME VD  
COX, BEVERLY  
STREET ADDRESS 9201 MCDAVID COURT  
CITY-ST-ZIP WINDERMERE FL 34786

TITLE ☐ DELETE

NAME TD  
GUEST, CLAUDIA  
STREET ADDRESS 7625 MEADOWGLEN DRIVE  
CITY-ST-ZIP ORLANDO FL 32810

TITLE ☒ DELETE

NAME SD  
SAWYER, MARTHA  
STREET ADDRESS C/O 630 W PRINCETON ST  
CITY-ST-ZIP ORLANDO FL

TITLE ☒ DELETE

NAME D  
SAWYER, TOM  
STREET ADDRESS C/O 630 W PRINCETON DT  
CITY-ST-ZIP ORLANDO FL

TITLE ☒ DELETE

NAME D  
GUYTON, JENNY D  
STREET ADDRESS C/O 630 W PRINCETON ST  
CITY-ST-ZIP ORLANDO FL

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 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:

*Carol B. Tucker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99  
Date

407 245-7562  
Daytime Phone #

CR2E037-1198