


**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90079 004 \*\*\*\*61.25

|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N98000006612**

1. Corporation Name  
**OVIEDO BUSINESS ADVISORY COUNCIL, INC.**

\* 3 7 2 1 8 8 \*  
 372108 - 90029 - 33

|   |   |
|---|---|
| Principal Place of Business<br>1757 W. BROADWAY, SUITE 4<br>OVIEDO FL 32765 | Mailing Address<br>1757 W. BROADWAY, SUITE 4<br>OVIEDO FL 32765 |
|---|---|



|   |  |  |
|---|--|--|
| 2. Principal Place of Business<br>21 <b>800 W. SR 426</b> | 2a. Mailing Address<br>26 <b>800 W. SR 426</b> | 3. Date Incorporated or Qualified<br><b>11/16/1998</b>   |
| 22 <b>Ste. A</b>  | 27 <b>Ste. A</b>                               | 4. FEE Number<br><b>01-35410103</b>  |
| 23 <b>Oviedo, FL</b>                                      | 28 <b>Oviedo, FL</b>                           | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                    |
| 24 <b>32765</b> 25 <b>USA</b>                             | 29 <b>32765</b> 30 <b>USA</b>                  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |

|   |                          |  |              |
|---|--------------------------|--|--------------|
| 9. Name and Address of Current Registered Agent<br><b>KARL A. BURGUNDER, P.A.</b><br>1757 W. BROADWAY, SUITE 4<br>OVIEDO FL 32765 |                          | 10. Name and Address of New Registered Agent |              |
| 81 Name   | <b>Karl A. Burgunder</b> |  |              |
| 82 Street Address (P.O. Box Number is Not Acceptable)   | <b>800 W. SR 426</b>     |  |              |
| 83  | <b>Suite A</b>           |  |              |
| 84 City   | <b>Oviedo</b>            | 85 State                                     | <b>FL</b>    |
|   |                          | 86 Zip Code                                  | <b>32765</b> |

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: Karl A. Burgunder DATE: 3/16/99

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | <b>P/D</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>WILSON, B. PARKS</b>                    | 1.2 NAME  | <b>Evans, Arthur, Dir</b>  |
| STREET ADDRESS             | <b>1757 W. BROADWAY, SUITE 4</b>           | 1.3 STREET ADDRESS                                    | <b>110 East Broadway</b>   |
| CITY-ST-ZIP                | <b>OVIEDO FL 32765</b>                     | 1.4 CITY-ST-ZIP                                       | <b>Oviedo, FL 32765</b>  |
| TITLE                      | <b>VP</b> <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>AXEL, DAVID E</b>                       | 2.2 NAME  | <b>Wheeler, Frank, Jr., Dir.</b>   |
| STREET ADDRESS             | <b>1757 W. BROADWAY, SUITE 4</b>           | 2.3 STREET ADDRESS                                    | <b>P.O. Box 620430</b>   |
| CITY-ST-ZIP                | <b>OVIEDO FL 32765</b>                     | 2.4 CITY-ST-ZIP                                       | <b>Oviedo, FL 32765</b>  |
| TITLE                      | <b>S/D</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>BURGUNDER, KARL A.</b>                  | 3.2 NAME  | <b>Kinney, Clark, Dir.</b>   |
| STREET ADDRESS             | <b>1757 W. BROADWAY, SUITE 4</b>           | 3.3 STREET ADDRESS                                    | <b>P.O. Box 620430</b>   |
| CITY-ST-ZIP                | <b>OVIEDO FL 32765</b>                     | 3.4 CITY-ST-ZIP                                       | <b>Oviedo, FL 32765</b>  |
| TITLE                      | <b>T/D</b> <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>SLATTERY, TIM</b>                       | 4.2 NAME  | <b>Martin, Robert, Dir.</b>  |
| STREET ADDRESS             | <b>1757 W. BROADWAY, SUITE 4</b>           | 4.3 STREET ADDRESS                                    | <b>1726 W. Broadway</b>  |
| CITY-ST-ZIP                | <b>OVIEDO FL 32765</b>                     | 4.4 CITY-ST-ZIP                                       | <b>OVIEDO, FL 32765</b>  |
| TITLE                      | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>McQueen, Paul, Dir.</b>                 | 5.2 NAME  | <b>Wagner, Robert, Dir.</b>  |
| STREET ADDRESS             | <b>1601 Alafaya Trail</b>                  | 5.3 STREET ADDRESS                                    | <b>1757 W. Broadway, Suite 1</b>   |
| CITY-ST-ZIP                | <b>Oviedo, FL 32765</b>                    | 5.4 CITY-ST-ZIP                                       | <b>Oviedo, FL 32765</b>  |
| TITLE                      | <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>Davis Celita, Dir.</b>                  | 6.2 NAME  | <b>Perez, Lyn, Dir.</b>  |
| STREET ADDRESS             | <b>2020 Winter Springs Blvd.</b>           | 6.3 STREET ADDRESS                                    | <b>P.O. Box 620430</b>   |
| CITY-ST-ZIP                | <b>Oviedo, FL 32765</b>                    | 6.4 CITY-ST-ZIP                                       | <b>Oviedo, FL 32765</b>  |

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: Karl A. Burgunder DATE: 3/16/99 (407) 366-3555

SIGNATURE: Karl A. Burgunder Additional: **Fleming, John, Dir.**  
 P.O. Box 620430  
 Oviedo, FL 32765

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