

1999.

FILED
Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90008 002 ***550.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISCOUNTED, MINIMUM AMOUNT DUE TO REINSTATE: \$150)

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P23099 ✓

1. Corporation Name
L.P. SPECIALISTS, INC.

Principal Place of Business
**L.P. SPECIALIST
 1890 SEMORAN BLVD.
 WINTER PARK FL 32792**

Mailing Address
**5415 LAKE HOWELL RD.
 #236
 WINTER PARK FL 32792
 US**

2. Principal Place of Business
21 605 E. Robinson St.
 Suite, Apt. #, etc.
22 Suite 710
 City & State
23 Orlando FL
 Zip
24 32801 Country
25 USA

2a. Mailing Address
26 605 E. Robinson St.
 Suite, Apt. #, etc.
27 Suite 710
 City & State
28 Orlando FL
 Zip
29 32801 Country
30 USA

3. Date Incorporated or Qualified
02/22/1989

4. FEI Number
59-3088216

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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**HAYES, READ
 5415 LK HOWELL RD
 STE 236
 WINTER PARK FL 32792**

10. Name and Address of New Registered Agent
**81 Name
 R. Gregory Calvin
 82 Street Address (R.O. Box Number is Not Acceptable)
 605 E. Robinson St. Suite 710
 83
 84 City
 Orlando FL 85 Zip Code
 32801**

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]* DATE **9/16/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CDP	HAYES, READ	5415 LK HOWELL RD, STE 236	WINTER PARK FL 32792	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President	R. Gregory Calvin	605 E. Robinson St., Suite 710	Orlando, FL 32801	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V.P.	Sylvia A. Gruner	605 E. Robinson St. Suite 710	Orlando, FL 32801	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *[Signature]* **8-3-99** **407-999-9811**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (5/99)