

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 21, 1999 8:00 am**  
**Secretary of State**

05-21-1999 90005 003 \*\*\*150.00

DOCUMENT # P92000006425

1. Corporation Name

SR-15, INC.

Principal Place of Business

2307 LAKESIDE DRIVE  
ORLANDO, FL 32803

Mailing Address

2307 LAKESIDE DRIVE  
ORLANDO, FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/19/1992

2. Principal Place of Business

21 315 E. ROBINSON STREET

Suite, Apt. #, etc.

22 SUITE 600

City & State

23 ORLANDO, FL

Zip

24 32801

Country

25 US

2a. Mailing Address

26 P.O. BOX 3000

Suite, Apt. #, etc.

27

City & State

28 ORLANDO, FL

Zip

29 32802-3000

Country

30 US

4. FEI Number

59-3190135

Applied For

Not Applicable

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 Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

WETTACH, JOSEPH C.  
315 E ROBINSON ST  
SUITE 600  
ORLANDO FL 32801

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV  
NAME SHUFFIELD, W.C  
STREET ADDRESS 315 E ROBINSON ST SUITE 600  
CITY-ST-ZIP ORLANDO, FL

☐ DELETE

TITLE DST  
NAME SHUFFIELD, KAREN  
STREET ADDRESS 2307 LAKESIDE DRIVE  
CITY-ST-ZIP ORLANDO, FL

☐ DELETE

TITLE P  
NAME TRAINER, THOMAS M.  
STREET ADDRESS 520 S. MAGNOLIA AVE  
CITY-ST-ZIP ORLANDO, FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

*(Signature of W.C. Sheffield)*

5/1/99

(407) 425-7010