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Secretary of State

04-29-1999 90195 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P93000001875

1. Corporation Name
GRAHAM & COTTRILL, P.A.



Principal Place of Business: 110 E HILLCREST ST, ORLANDO FL 32801 US
 Mailing Address: 110 E HILLCREST ST, ORLANDO FL 32801 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and Mailing Address (2a-24) details including Suite, Apt. #, City & State, Zip, Country.

3. Date Incorporated or Qualified: 01/11/1993
 4. FEI Number: 59-3151882
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year intangible Personal Property Tax: Yes (checked), No

9. Name and Address of Current Registered Agent
GRAHAM, DAVID W
110 E HILLCREST
ORLANDO FL 32801

10. Name and Address of New Registered Agent (81-85)
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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: _____ (NOT Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D GRAHAM, DAVID W	1.1 TITLE	D COTTRILL, CHRISTOPHER L.
NAME	GRAHAM, DAVID W	1.2 NAME	COTTRILL, CHRISTOPHER L.
STREET ADDRESS	125 WHITECAPS CIR	1.3 STREET ADDRESS	516 SYLVAN DRIVE
CITY-ST-ZIP	MAITLAND FL 32751	1.4 CITY-ST-ZIP	WINTER PARK, FLORIDA 32789
TITLE	D COTTRILL, CHRISTOPHER L.	2.1 TITLE	D HOSTETTER, H.B.
NAME	COTTRILL, CHRISTOPHER L.	2.2 NAME	HOSTETTER, H.B.
STREET ADDRESS	401 E. ROBINSON, SUITE 502	2.3 STREET ADDRESS	2325 CHANTILLY AVENUE
CITY-ST-ZIP	ORLANDO FL 32801	2.4 CITY-ST-ZIP	WINTER PARK, FLORIDA 32789
TITLE	D JACKSON, H C	3.1 TITLE	D BATTS, MICHAEL E.
NAME	JACKSON, H C	3.2 NAME	BATTS, MICHAEL E.
STREET ADDRESS	1671 WOODLAND AVE	3.3 STREET ADDRESS	2529 MODAC TRAIL
CITY-ST-ZIP	WINTER PARK FL 32789	3.4 CITY-ST-ZIP	MAITLAND, FLORIDA 32751
TITLE	D BATTS, MICHAEL E	4.1 TITLE	
NAME	BATTS, MICHAEL E	4.2 NAME	
STREET ADDRESS	2929 MODAC TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751	4.4 CITY-ST-ZIP	
TITLE	D HOSTETTER, H B	5.1 TITLE	
NAME	HOSTETTER, H B	5.2 NAME	
STREET ADDRESS	1922 TEMPLE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	5.4 CITY-ST-ZIP	
TITLE	D DURANCEAU, BONNIE	6.1 TITLE	
NAME	DURANCEAU, BONNIE	6.2 NAME	
STREET ADDRESS	3826 LAKE MIRAGE BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32817	6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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NAME	GRAHAM, DAVID W	1.2 NAME	COTTRILL, CHRISTOPHER L.
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CITY-ST-ZIP	ORLANDO FL 32817	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 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: *Michael E. Batts* Michael E. Batts 4/26/99 (407) 843-1681
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)