

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 4:17

DOCUMENT # P93000010769 (6)

1. Corporation Name

ORLANCO GROUP, INC.

Principal Place of Business

7380 SAND LAKE RD
SUITE 100
ORLANDO FL 32819

Mailing Address

8958 BAY COVE
SUITE 100
ORLANDO FL 32819
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/05/1993

3a. Date of Last Report

03/28/1994

4. FBI Number

59-3170988

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 7575 DR. PHILLIPS BLVD

25 7575 DR. PHILLIPS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 305

27 SUITE 305

City & State

City & State

23 ORLANDO, FLA.

28 ORLANDO, FLA.

Zip

Country

Zip

Country

24 32819

25 US

29 32819

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEAL, EDWARD A
7380 SAND LAKE RD
SUITE 100
ORLANDO FL 32819

81 Name

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

7575 DR. PHILLIPS BLVD SUITE 305

83

84 City

ORLANDO

FL

85

Zip Code

32819

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, last or partial name of registered agent and the 4 applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
NEAL, EDWARD A
7380 SAND LAKE RD SUITE 100
ORLANDO FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☒ Change ☐ Addition
7575 DR. PHILLIPS BLVD SUITE 305
ORLANDO, FLA. 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
THOMAS, MORAN
5621 MASTERE BLVD.
ORLANDO FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD A. NEAL

Date

1/27/95 (407)345-8444

Signature