

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra R. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 11 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000050687 (1)

1. Corporation Name

L. D. PRICE & ASSOCIATES, INC.

Principal Place of Business

304 OCOEE APOKA RD.  
SUITE 1  
OCOEE FL 34761  
US

Mailing Address

P. O. BOX 308  
OCOEE FL 34761  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/13/1993

3a. Date of Last Report

01/26/1994

4. FEI Number

59-3191054

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

HUGHES, JOHN  
2731 SILVER STAR ROAD  
ORLANDO FL 32808-3935

10. Name and Address of New Registered Agent

81 Name

Louie D. Price

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

717 Broadway Dr.

83

84 City

Ocoee

FL

85

Zip Code  
34761

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

Louie D. Price

Sandra R. Morham

4-5-95

(Signature, typed or printed name of registered agent and date of registration)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

|                 |                       |
|-----------------|-----------------------|
| TITLE           | PD                    |
| NAME            | PRICE, DAVID          |
| STREET ADDRESS  | 717 BROADWAY DRIVE    |
| CITY - ST - ZIP | OCOEE FL 34761        |
| TITLE           | VD                    |
| NAME            | PRICE, SYLVIA         |
| STREET ADDRESS  | 717 BROADWAY DRIVE    |
| CITY - ST - ZIP | OCOEE FL 34761        |
| TITLE           | SD                    |
| NAME            | HUGHES, JOHN          |
| STREET ADDRESS  | 2731 SILVER STAR ROAD |
| CITY - ST - ZIP | ORLANDO FL 32808-3935 |
| TITLE           |                       |
| NAME            |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |
| TITLE           |                       |
| NAME            |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |
| TITLE           |                       |
| NAME            |                       |
| STREET ADDRESS  |                       |
| CITY - ST - ZIP |                       |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME            |                                                                              |
| 1.3 STREET ADDRESS  |                                                                              |
| 1.4 CITY - ST - ZIP |                                                                              |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                                                                              |
| 2.3 STREET ADDRESS  |                                                                              |
| 2.4 CITY - ST - ZIP |                                                                              |
| 3.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            | SD                                                                           |
| 3.3 STREET ADDRESS  | Louie D. Price                                                               |
| 3.4 CITY - ST - ZIP | 717 Broadway Dr.<br>Ocoee, FL 34761                                          |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                                                                              |
| 4.3 STREET ADDRESS  |                                                                              |
| 4.4 CITY - ST - ZIP |                                                                              |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                                                                              |
| 5.3 STREET ADDRESS  |                                                                              |
| 5.4 CITY - ST - ZIP |                                                                              |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                                                                              |
| 6.3 STREET ADDRESS  |                                                                              |
| 6.4 CITY - ST - ZIP |                                                                              |

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 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:

David Price David Price

(Signature and typed or printed name of signing officer or director)

4-5-95

407-877-7345

Date

Telephone Number