

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

FILED

Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000050687 (1)

1. Corporation Name  
L. D. PRICE & ASSOCIATES, INC.

Principal Place of Business  
304 OCOEE APOPKA RD.  
SUITE 1  
OCOEE FL 34761  
US

Mailing Address  
P. O. BOX 308  
OCOEE FL 34761-0308  
US



2. Principal Place of Business  
21 3720A SilverStar Rd.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 Suite, Apt. #, etc.

22 City & State  
Orlando, FL

27 City & State

23 Zip  
32808

Country  
US

28 Zip  
Country

24 LOUISE D. PRICE  
717 BROADWAY DRIVE  
OCOEE FL 34761

3. Date Incorporated or Qualified  
07/13/1993

3a. Date of Last Report  
01/19/1996

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name  
Louie D. Price

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

83

84 City

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

*[Signature]*

1-15-97

By electronic filing, the signature of the registered agent and filer is not required.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
PRICE, DAVID  
717 BROADWAY DRIVE  
OCOEE FL 34761

☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
PRICE, SYLVIA  
717 BROADWAY DRIVE  
OCOEE FL 34761

☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
PRICE, LOUIE D  
717 BROADWAY DR  
OCOEE FL

☐ DELETE

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
☐ Change ☐ Addition  
Ocoee, FL 34761

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

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

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* L.D. Price

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-97 407-299-1388

Date Daytime Phone #

CR2E034 (9/96)