

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

FILED

Jan 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000050687 (1)

1. Corporation Name

L. D. PRICE & ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3720A SILVER STAR RD  
SUITE 1  
ORLANDO FL 32808  
US

P. O. BOX 308  
OCOE FL 34761  
US

2. Principal Place of Business

21 1065 Tildenville School Rd.

Suite, Apt. #, etc.

22

City & State

23 Winter Garden, FL

Zip

24 34787

Country

25 USA

2a. Mailing Address

26 1065 Tildenville School Rd.

Suite, Apt. #, etc.

27

City & State

28 Winter Garden, FL

Zip

29 34787

Country

30 USA

9. Name and Address of Current Registered Agent

PRICE, LOUIE D  
717 BROADWAY DRIVE  
OCOE FL 34761

3. Date Incorporated or Qualified

07/13/1993

4. FEI Number

59-3191054

Applied For

Not Applicable

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83 1065 Tildenville School Rd.

84 City

Winter Garden

FL

85 Zip Code

34787

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 ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1065 Tildenville School Rd.  
1.4 CITY-ST-ZIP Winter Garden, FL 34787

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 1065 Tildenville School Rd.  
2.4 CITY-ST-ZIP Winter Garden, FL 34787

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 1065 Tildenville School Rd.  
3.4 CITY-ST-ZIP Winter Garden, FL 34787

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE: *David Price* *Louise David Price*

1-7-98 407-877-6100

CR2E034 (10/97)