

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90232 039 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000070365

1. Corporation Name

COLUMBUS CIRCLE VENTURE, INC.

Principal Place of Business
**1325 LAKELAND HILLS BLVD.
LAKELAND FL 33805**

Mailing Address
**P.O. BOX 90249
LAKELAND FL 33804-0249**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1993

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-3209459

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

Zip Country

Zip Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEINBRENN, DON B
101 E KENNEDY BLVD.
SUITE 2000
TAMPA FL 33601**

81 Name **Frank Murphy**
82 Street Address (P.O. Box Number is Not Acceptable) **1325 Lakeland Hills Blvd**
83
84 City **Lakeland** FL 85 Zip Code **33805**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MURPHY, FRANK P | |
| STREET ADDRESS | 1325 LAKELAND HILLS BLVD. | |
| CITY-ST-ZIP | LAKELAND FL 33805 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | VON PALESKE, HORST | |
| STREET ADDRESS | 1325 LAKELAND HILLS BLVD. | |
| CITY-ST-ZIP | LAKELAND FL 33805 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PEACOCK, JOHN M | |
| STREET ADDRESS | 1325 LAKELAND HILLS BLVD. | |
| CITY-ST-ZIP | LAKELAND FL 33805 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BERTRAM, FRANK W | |
| STREET ADDRESS | 1325 LAKELAND HILLS BLVD. | |
| CITY-ST-ZIP | LAKELAND FL 33805 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HOUGH, JAMES N | |
| STREET ADDRESS | 600 EL PASEO | |
| CITY-ST-ZIP | LAKELAND FL 33805 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|---|
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 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 hereby certify that the information supplied with this filing 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 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 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)