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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90052 005 \*\*\*150.00

DOCUMENT #	DO 4000001	100
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1. Corporation Name

L. C. VAUGHAN & ASSOCIATES, INC.

Principal Place	e of Business	Mailing Address		_	•	-	BIIK BAIII DA		1 <b>115</b>	1684
•		3144 MCEWAN VIEW CR					; ,			
		ORLANDO FL 32812				50 1107 11777	N 71.00 0	ND405		
						DO NOT WRITE	N THIS S	PACE		
						3. Date Incorporated or Qualifed 12/28/1993				
2 Principal D	lace of Business	2a. Mailing Address				4. FEI Number		-TT	Applied Fo	or
	race of pushiess	26				59-3233490		$\vdash$	Not Applic	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				_			5 Addition	
22	a take estal est	27				5. Certifcate of Status Desired		Fee	Required	
City & State		City & State				6. Election Campaign Financing	٦	\$5.0	<b>0</b> May Be	3
23		28				Trust Fund Contribution		Adde	ed to Fees	
Zip	Country	Zip	Count	гу		8. This corporation owes the current			п.,	
24	[25]		30			Personal Property Tax.		☐ Yes	□No	
	9. Name and Address of Currer	t Registered Agent	8	41	Name	10. Name and Address of New Reg	ISTERED A	gent		
VALL	GHAN, LESLIE C		L	l						
	ESLIE C VAUGHAN		8	2	Street Addre	ess (P.O. Box Number is Not Acceptable	)			
	MCEWAN VIEW CR		8	3		,				
	ANDO FL 32812			┸		· · · · · · · · · · · · · · · · · · ·				
			8	4	City		FL	85 Z	ip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abo	ve-r	named corpo	ration submits this statement for the pur	pose of c	hanging	its register	red
office or n	egistered agent, or both, in the State m familiar with, and accept the obligation	of Florida. Such change was au	thorized b	y tn	ne corporation	n's board of directors. I hereby accept the	e appoint	ment as	registered	' ]
	m lamiliar with, and accept the obliga	110113 01, 50011011 007.0000, 1 1051	da Otatati							Į.
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Ag	jent s	signature required		DATE			-
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			
TITLE	D	☐ DELETE	1.1 TITLE					Chang	ge ∐Ad	ddition
NAME	VAUGHAN, LESLIE C		1.2 NAME							
STREET ADDRESS	3144 MCEWAN VIEW CR		1.3 STRE	ETA	DDRESS					-
CITY-ST-ZIP	ORLANDO FL 32812		1.4 CITY-		ZIP			[] Chang	10 DA	ddition
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NAME			2.2 NAME							ļ
STREET ADDRESS			2.3 STRE		ì					}
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STREET ADDRESS					DDRESS					
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STREET ADDRESS										
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NAME CTDCCT ADODESC					ADDRESS					j
STREET ADDRESS			5.4 CITY-							
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE					Chang	ge ∏Aı	ddition
			6.2 NAMÉ							
NAME			6.3 STRE		ADDRESS					}
STREET ADDRESS	- · · · · · · · · · · · · · · · · · · ·		3.0 OTAL	۰۰۰۰	715					

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

SIGNATURE: \_<

	GNEU			MISE.	
SIGNATURE AND	TYPED OR PRINTED I	NAME OF SIGNIN	G OFFICER O	R DIRECTOR	

1/11/99

Daytime Phone #