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Mar 12 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 # P94000003272 (9)

1. Corporation Name
ACC, ORLANDO, INC.

Principal Place of Business

~~655 FULTON ST.
SUITE 8
SANFORD FL 32771~~

Mailing Address

~~655 FULTON ST.
SUITE 8
SANFORD FL 32771-1100~~

3. Date Incorporated or Qualified

01/06/1994

3a. Date of Last Report

01/26/1996

4. FEI Number

59-3218516

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 330 E. COMMERCIAL ST.

Suite, Apt. #, etc.

22 City & State

23 SANFORD, FL.

24 Zip

25 U.S.

2a. Mailing Address

26 330 E. COMMERCIAL ST.

Suite, Apt. #, etc.

27 City & State

28 SANFORD, FL.

29 Zip

30 U.S.

9. Name and Address of Current Registered Agent

DUNLAP, CHARLES R

~~655 FULTON ST.~~

~~SUITE 8~~

~~SANFORD FL 32771~~

10. Name and Address of New Registered Agent

81 Name

CHARLES R. DUNLAP

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

330 E. COMMERCIAL ST.

83

84 City

SANFORD

FL

85 Zip Code

32771

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

Charles R. Dunlap President (Charles R. Dunlap) 3-6-97

(Signature of person or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE

NAME HAYNES, ARTHUR M

STREET ADDRESS 810 S. SCOTT AVE.

CITY-ST-ZIP SANFORD FL 32771

TITLE DP ☐ DELETE

NAME DUNLAP, CHARLES R

STREET ADDRESS 511 BURTON LANE

CITY-ST-ZIP SANFORD FL 32771

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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 if changed, or on an attachment with an address.

SIGNATURE:

Charles R. Dunlap President (Charles R. Dunlap)

3-6-97

401-321-0092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)