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

PROFIT CORPORATION **ANNUAL REPORT**

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400005996 (1)

USTLER/FAGAN, INC.

FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				1 19811981 118 19111 81811 98111 98111 98111	n amin anini mina salim thila dili thui		
236 PASADENA PL ORLANDO FL 32803 236 PASADENA PL ORLANDO FL 32803					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					01/14/1994		
2, Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21	- 	26			59-3219108	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #. 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State 28					Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Count	у	8. This corporation owes or has paid the current year Intangible		
24	25	29	30		Personal Property Tax due June 30. 🔑 Yes 🗌 No		
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Re	gistered Agent	
USTLER, F. THOMAS				Name			
236 PASADENA PL			8:	Street Add	ddress (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32803			6:			,	
			Ļ				
44 0	10	1007 1100 51 111 0	8-	- '		FL 85 Zip Code	
office or re agent. I as	egistered agent, or both, in the Sta m familiar with, and accept the obt	euz and 607.1508, Florida Sta le of Florida: Such change wa ligations of, Section 607.0505,	tutes, the abor is authorized b Florida Statute	ve-named cor by the corpora es.	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered	
SIGNATURE						4-21-98	
	Signature, typied or printed name of registered a		OTE Registered A	gent signature requ	uired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	☐ DELETE	. 11 TITLE			Change Addition	
NAME	USTLER, F. THOMAS		1.2 NAME				
STREET ADDRESS	236 PASADENA PL		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	ORLANDO FL		1.4 C(TY-	ST-ZIP			
TITLE	VSTD	☐ DELETE	2.1 TITLE	İ		☐ Change ☐ Addition	
NAME	FAGAN, WILLIAM W		2.2 NAME				
STREET ADDRESS	400 W MORSE BLVD SUITE	110	2.3 STREE	T ADDRESS			
CITY-ST-ZIP WINTER PARK FL			2. 4 CITY	ST-ZIP		;	
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition	
NAME			3.2 NAME	1			
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY	ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change Addition	
NAME			4. 2 NAMI	[
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4 4 CITY -	ST-ZIP			
TITLE		DELETE	51 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREE	1 ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition	
NAME			6.2 NAME			1	
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY_ST_7IP			E A CITY	CT 7ID			

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

4-21-98

407-841-3266