

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  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90111 028 \*\*\*150.00

DOCUMENT # P94000021973

1. Corporation Name  
BLUE CHIP OF ORLANDO, INC.

Principal Place of Business

917 MERCY DRIVE  
ORLANDO FL 32808

Mailing Address

917 MERCY DRIVE  
ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1994

4. FEI Number  
59-3222147

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

21 13537 Lake Blvd.

2a. Mailing Address

26 13537 Lake Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Winter Garden FL

City & State

28 Winter Garden FL

Zip

24 34787

Country

25 USA

Zip

29 34787

Country

30 USA

9. Name and Address of Current Registered Agent

NORRIS, TIMOTHY  
917 MERCY DRIVE  
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name

Timothy Norris

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

13537 Lake Blvd.

83

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  
NORRIS, TIMOTHY  
STREET ADDRESS  
917 MERCY DRIVE  
CITY-ST-ZIP  
ORLANDO FL 32808

TITLE ☐ DELETE

NAME  
NORRIS, DENISE  
STREET ADDRESS  
917 MERCY DRIVE  
CITY-ST-ZIP  
ORLANDO FL 32808

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  
Norris, Timothy

1.3 STREET ADDRESS  
13537 Lake Blvd.

1.4 CITY-ST-ZIP  
Winter Garden, FL 34787

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
Norris, Denise

2.3 STREET ADDRESS  
13537 Lake Blvd.

2.4 CITY-ST-ZIP  
Winter Garden, FL 34787

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

Denise Norris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 (407) 877-2201

Date

Daytime Phone #

CR2E034 (1/98)