

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90088 032 ***150.00

DOCUMENT # P94000025593

1. Corporation Name

THE FORBES CO. OF CENTRAL FLORIDA, INC.

Principal Place of Business

**2202 JESSICA LN
KISSIMMEE FL 34744
US**

Mailing Address

**2202 JESSICA LN
KISSIMMEE FL 34744
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1994

4. FEI Number

59-3036513

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 2017 13TH ST

2a. Mailing Address

26 2017 13TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 ST. CLOUD, FL

City & State

28 ST. CLOUD, FL

Zip

24 34769 **25 USA**

Zip

29 34769 **30 USA**

9. Name and Address of Current Registered Agent

**HAND, RONALD M
418 WEST BRYAN STREET
KISSIMMEE FL 34741**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 DPT
FORBES, PAUL
STREET ADDRESS 1432 SUGARBERRY LN
CITY-ST-ZIP ST CLOUD FL 34772**

TITLE ☐ DELETE

**NAME DSV
FORBES, BEVERLY
STREET ADDRESS 1432 SUGARBERRY LN
CITY-ST-ZIP ST CLOUD FL 34772**

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 DPT
FORBES, PAUL
1.3 STREET ADDRESS 1405 SUGARBERRY LANE
1.4 CITY-ST-ZIP ST CLOUD, FL 34772**

2.1 TITLE ☒ Change ☐ Addition

**2.2 NAME DSV
FORBES, BEVERLY
2.3 STREET ADDRESS 1405 SUGARBERRY LANE
2.4 CITY-ST-ZIP ST. CLOUD, FL 34772**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-957-1818

CR2E034 (11/98)