

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 90023 022 \*\*\*150.00

DOCUMENT # P94000043566

1. Corporation Name

AEGEAN OF CENTRAL FLORIDA, INC.

Principal Place of Business  
C/O W. CHARLES SHUFFIELD  
315 E ROBINSON ST SUITE 600  
ORLANDO FL 32801

Mailing Address  
P.O. BOX 3000  
315 E ROBINSON ST SUITE 600  
ORLANDO FL 32802  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1994

4. FEI Number

59-3383635

Applied For

Not Applicable

5. Certificate of Status Desired ☐ Yes ☒ No

\$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  
21 620 Douglas Avenue

2a. Mailing Address  
26 620 Douglas Avenue

Suite, Apt. #, etc.  
22 1308

Suite, Apt. #, etc.  
27 1308

City & State  
23 Altamonte Springs, FL

City & State  
28 Altamonte Springs, FL

Zip Country  
24 32714 25 USA

Zip Country  
29 32714 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WETTACH, JOSEPH C.L.  
315 E ROBINSON ST  
SUITE 600  
ORLANDO FL 32801

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 D ☐ DELETE  
NAME SHUFFIELD, W. CHARLES  
STREET ADDRESS 315 E ROBINSON ST  
CITY-ST-ZIP ORLANDO FL 32801

TITLE P ☒ DELETE  
NAME WOODRUFF, ALLEN C  
STREET ADDRESS 1624 FORSYTH ROAD  
CITY-ST-ZIP ORLANDO FL

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 P  
2.3 STREET ADDRESS VU, HOA M  
2.4 CITY-ST-ZIP 620 Douglas Avenue Suite 1308  
Altamonte Springs, FL 32714

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/6/99

407-786-2641

Date

Daytime Phone #

CR2E034 (11/98)

0091132