

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
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90107 005 ***150.00

DOCUMENT # P94000084385

1. Corporation Name

CENTRAL FLORIDA SPECIALTIES, INC.

Principal Place of Business

**405 DOUGLAS AVE
STE 250 5-1
ALTAMONTE SPRINGS FL 32714
US**

Mailing Address

**P.O. BOX 160778
ALTAMONTE SPRINGS FL 32716
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1994

4. FEI Number

59-3282956

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOWINSKI, VICTORIA E
611 PHEASANT DRIVE
LONGWOOD FL 32750**

81 Name

Victoria E. Mowinski

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

405 DOUGLAS AVENUE

83

STE 2505-5

84 City

ALTAMONTE SPRINGS

85

Zip Code

FL

32714

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D /S** ☐ DELETE
NAME **MOWINSKI, VICTORIA E**
STREET ADDRESS **611 PHEASANT AVENUE**
CITY-ST-ZIP **LONGWOOD FL 32750**

1.1 TITLE **S/D** ☒ Change ☐ Addition
1.2 NAME **VICTORIA E. MOWINSKI**
1.3 STREET ADDRESS **408 ALMERIA COURT**
1.4 CITY-ST-ZIP **WINTER SPRINGS, FL. 32708**

TITLE **DVP** ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE **VP/D** ☐ Change ☒ Addition
2.2 NAME **DANNY R. JONES**
2.3 STREET ADDRESS **113 FILLMORE DRIVE**
2.4 CITY-ST-ZIP **SARASOTA, FL. 34236**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTORIA E. MOWINSKI 1/9/99

407 862-1700

Date

Daytime Phone #

CR2E034 (11/98)