

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR -4 AM 11:23

DOCUMENT # P94000087004 (5)

1. Corporation Name

FINANCE COMPANY OF ORLANDO

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**302 S KIRKMAN ROAD
ORLANDO FL 32811**

Mailing Address

**302 S KIRKMAN ROAD
ORLANDO FL 32811**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/29/1994

3a. Date of Last Report

2. Principal Place of Business

21 302 S. Kirkman Rd.

2a. Mailing Address

26 P.O. Box 308

4. FEI Number

59-3279739

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 Orlando, Fl.

City & State

28 Gotha, Fl.

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24 32811

Country

25

Zip

29 34734

Country

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BLAIR, WILLIAM V
302 S KIRKMAN ROAD
ORLANDO FL 32811**

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's signature required when consulting)

DATE

12. OFFICERS AND DIRECTORS

**TITLE P
NAME BLAIR, DONNA G
STREET ADDRESS 302 S KIRKMAN ROAD
CITY - ST - ZIP ORLANDO FL 32811**

**TITLE ST
NAME BLAIR, WILLIAM V
STREET ADDRESS 302 S KIRKMAN ROAD
CITY - ST - ZIP ORLANDO FL 32811**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

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CITY - ST - ZIP**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(c), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donna Blair

Donna Blair

3/30

407-292-5112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #