Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90132 023 ***150.00

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**

DOCUMENT # P94000092842

1. Corporation Name

NEVILLE & COMPANY

Principal Place	e of Business	Mailing Address	Mailing Address						
110 E MORSE E	BLVD	P O BOX 1058	P O BOX 1058						
WINTER PARK F	FL 32789	WINTER PARK FL 32790				DO NOT MOTE IN THIS SPACE			
US		US				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			j
						12/23/1994			
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			pplied For
21		26				59-3293718			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		¥	Additional
22		27				3.		Fee R	equired
City & State		City & State	City & State			6. Election Campaign Financing		•	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Zip Country 29 30			8. This corporation owes the cur	rent year In	<u> </u>	
24	4 25 29					Personal Property Tax.		∐ Yes	□No
Name and Address of Current Registered Agent						10. Name and Address of New	Registered	Agent	
				81	Name		•		ļ
WILL		8			ess (P.O. Box Number is Not Accept	able)			
211	trismen terrace					iso (1.15. Box Hambor is Het Alberta		_	
WINT	TER PARK FL 32790		83						
			Ţ		<u></u>				0.4
			1	84	City		FL	- 134	Code 2789
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									
office or re	edistered agent or both in the Sta	te of Florida. Such change was aut gations of, Section 607.0505, Floric	norizea	OV I	the corporation	n's board of directors. I hereby acce	pt the appo	intment as it	agistered
_	The land accept the opin	gationia di, Dodicii da i idada, i idad					•		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regist				Agent	nt signature required	when reinstating)	DATE		
12.	OFFICERS /	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO	ORS IN 12
TITLE	PSD	☐ DELETE	1.1 TIT	LE				☐ Change	☐ Addition
NAME	NEVILLE, WILLIAM V		1.2 NA	ME	İ				
STREET ADDRESS	211 TRISMEN TERRACE		1.3 STF	REET	T ADDRESS				
CITY-ST-ZIP	WINTER PARK FL 32789		1,4 CIT	Y-ST	T-ZIP				
TITLE			2.1 TIT					Change	☐ Addition
NAME			2.2 NA	ME					
					T ADDRESS				
STREET ADDRESS			2.4 CII						
CITY-ST-ZIP		☐ DELETE	3.1 TIT		1-ZP			☐ Change	☐ Addition
TITLE		C Differe	1		ļ	*** · · · · · ·	•-	~	
NAME			3.2 NA						İ
STREET ADDRESS			1		T ADDRESS				
CITY-ST-ZIP			3.4. CI		T-ZIP			☐ Change	Addition
TITLE		☐ DELETE	4.1 TIT					[] Criange	[_] Addition
NAME			4 2 NA	ME					
STREET ADDRESS			4.3 STI	REET	TADDRESS				
CITY-ST-ZIP			4.4 CIT	Y-ST	T-ZIP				
TITLE	,	☐ DELETE	5.1 TIT	LE				Change	☐ Addition
NAME			5.2 NA	ME					
STREET ADDRESS		•	5.3 STI	REET	TADDRESS				I
CITY-ST-ZIP			5,4 CIT	Y-\$T	T-ZIP				
TITLE		☐ DELETE	6.1 TIT	LE				☐ Change	☐ Addition
			6.2 NA	6.2 NAME					
			1		1				

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP