


G-745-10

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 17, 1999 8:00 am
Secretary of State
09-17-1999 90001 033 ***550.00

0010562

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000004534

1. Corporation Name
M. PETE MCNABB OF CENTRAL FLORIDA, INC.



Principal Place of Business 261 EAST ALTAMONTE DR SUITE 1008 ALTAMONTE SPRINGS FL 32701	Mailing Address 261 EAST ALTAMONTE DR SUITE 1008 ALTAMONTE SPRINGS FL 32701
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/18/1995	
21		26		4. FEI Number 59-3295211	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ROBINSON, DANIEL R.
820 W. LAKE MARY BLVD., SUITE 101
SANFORD FL 32713

10. Name and Address of New Registered Agent

81 Name **ROBINSON, DANIEL R.**
82 Street Address (P.O. Box Number is Not Acceptable)
261 E. ALTAMONTE DRIVE SUITE 1008
83
84 City **ALTAMONTE SPRINGS** FL 85 Zip Code **32701**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCNABB, M. PETE	
STREET ADDRESS	820 W. LAKE MARY BLVD., SUITE 101	
CITY-ST-ZIP	SANFORD FL 32713	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROBINSON, DANIEL R.	
STREET ADDRESS	820 W LAKE MARY BLVD, #101	
CITY-ST-ZIP	SANFORD FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	JAMES, JANE A	
STREET ADDRESS	2201 CANTU COCURT, #110	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MCNABB, M. PETE	
1.3 STREET ADDRESS	261 E. ALTAMONTE DRIVE, SUITE 1008	
1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FLORIDA 32701	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBINSON, DANIEL R.	
2.3 STREET ADDRESS	261 E. ALTAMONTE DRIVE	
2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: _____ **9/10/99 407 265-3800**

CR2E034 (5/99)