

4-745-10  
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).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 17, 1999 8:00 am**  
**Secretary of State**

09-17-1999 90001 033 \*\*\*550.00

**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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/18/1995**

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23**

City & State

**28**

Zip

Country

**24**

Zip

Country

**29**

**30**

4. FEI Number

**59-3295211**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

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

8. This corporation owes the current year  
Intangible Personal Property.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**ROBINSON, DANIEL  
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

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 **MCNABB, M. PETE**

STREET ADDRESS **~~820 W. LAKE MARY BLVD., SUITE 101~~**

CITY-ST-ZIP **~~SANFORD FL 32713~~**

TITLE **VP** ☐ DELETE

NAME **ROBINSON, DANIEL R.**

STREET ADDRESS **~~820 W LAKE MARY BLVD, #101~~**

CITY-ST-ZIP **~~SANFORD FL~~**

TITLE **VS** ☐ DELETE

NAME **JAMES, JANE A**

STREET ADDRESS **2201 CANTU COCORT, #110**

CITY-ST-ZIP **SARASOTA 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ 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** ☒ Change ☐ 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 ☐ 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 on an attachment with an address.

SIGNATURE:

**SIGNATURE REQUIRED**

9/10/99 407 265-3800

0010562

CR2E034 (5/99)