

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000080668 (3)

1. Corporation Name

WILLIAM D. LONG, JR., INC.



Principal Place of Business

609 N. HYER AVENUE
ORLANDO FL 32803

Mailing Address

609 N. HYER AVENUE
ORLANDO FL 32803

2. Principal Place of Business

21 2880 Lust Rd.

22 Suite, Apt. #, etc.
Sta. #2 Box 8

23 City & State
Apopka, FL

24 Zip 32703-9559 Country USA

2a. Mailing Address

26 2880 Lust Rd.

27 Sta. #2 Box 8

28 City & State
Apopka, FL

29 Zip 32703-9559 Country USA

9. Name and Address of Current Registered Agent

KEMP, E D
609 N. HYER AVENUE
ORLANDO FL 32803

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 607.0605, Florida Statutes.

SIGNATURE

Signature of person performing the change (see Section 607.0605, Florida Statutes)

Signature of New Agent (see Section 607.0605, Florida Statutes)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	LONG, WILLIAM D JR.	
STREET ADDRESS	2880 LUST ROAD	
CITY-STATE-ZIP	APOPKA FL 32703-9559	
TITLE	VD	☐ DELETE
NAME	HILL, DAVID	
STREET ADDRESS	2880 LUST ROAD	
CITY-STATE-ZIP	APOPKA FL 32703-9559	
TITLE	STD	☐ DELETE
NAME	LONG, HOLLY	
STREET ADDRESS	2880 LUST ROAD	
CITY-STATE-ZIP	APOPKA FL 32703-9559	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	☐ Change ☐ Addition
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied to this form is voluntarily furnished and does not meet the exemption stated in Section 19.07(3)(k), 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 remain unchanged with an add-back.

SIGNATURE:

Long, William D. Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96

(407)889-2121

CR2E034 (12/95)