## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000001047 (5)

THOMAS C. FEENEY, III, P.A.

Dringing Disc	a of Punisses	Mailing Address					
Principal Place of Business		Mailing Address			•		
28 W CENTRAL BLVD ORLANDO FL 32601		28 W CENTRAL BLVD ORLANDO FL 32801					
CHEROLO PE SEGOI		ONEANDO PE 32001			DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified	
						12/27/1995	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Applied For
21		26				59-3358499	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #. etc.	Suite, Apt. #. etc.			5. Certificate of Status Desired	\$8.75 Additional
		27				0. 00.00000	Fee Required
City & State		City & State	├ <del>-</del> ¬ '			6. Election Campaign Financing	<b>\$5.00</b> May Be
23		28		<u>.                                 </u>		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	$\vdash$	untry		8. This corporation owes or has paid the cu	_ · _ ·
24	25	29	30	<del></del>		Personal Property Tax due June 30.  10. Name and Address of New Registered	L Yes L No
9, Name and Address of Current Registered Agent 81					Name	10. Name and Address of New Registered	Agent
FEENEY, THOMAS C III				["]	Name		
	W CENTRAL BLVD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
į ORI	LANDO FL 32801			B3			
				~			
				84	City	Fi	85 Zip Code
Ad Dura and to the grounding of Continue CO2 0500 and CO2 1500 Florida Cial to the plants							
t	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, (	authorize Florida Sta	ed by atutes	the corporation.	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	Signature, type-1 or printed name of registered age	int and title if applicable (N	OTE: Register	ed Age	ent signature require	d when reinstating) DATE	
12.	OFFICERS ANI	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	OPTS	DELETE	1.1 T	ITLE			☐ Change ☐ Addition
NAME	FEENEY, THOMAS C III		1.2 N	<b>JAME</b>	-		
STREET ADDRESS	28 W CENTRAL BLVD		1.3 S	STREET	ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		1.4 (	HTY-S	T-ZIP		
TITLE	DEI		2.1 1	2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 1	AME	İ		
STREET ADDRESS			2.3 9	STREET	ADDRESS		
CITY-ST-ZIP			2.4	CITY-S	ST-ZIP		
TITLE		☐ DELETE	3.1 T				Change Addition
NAME			3.2 N	JAME	ľ		
STREET ADDRESS			3.3 5	STREET	ADDRESS		
CITY-ST-ZIP			3.4. (	CITY-S	ST+ZIP		
TITLE		DELETE	4.1 T	ITLE			☐ Change ☐ Addition
NAME			4, 21	NAME			
STREET ADDRESS			4.3.5	TREET	ADDRESS		)
CITY-ST-ZIP				CITY-S	ı		
TITLE		☐ DELETE	5.1 T				☐ Change ☐ Addition
NAME		_		JAME			-
STREET ADDRESS					ADDRESS		
CITY+ST-ZIP				CITY-SI			
TITLE		DELETÉ	6.1 7		·		☐ Change ☐ Addition

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 affect 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 repaired by Chapter 607, Plorida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

6.2 NAME

**FILED** 

Mar 31 1998 8:00am

Secretary of State