## 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

## P96000057492 DOCUMENT #

1. Corporation Name

STREET ADDRESS

ZUMBAUGH & ASSOCIATES, INC.

Principal Place	e of Business	Mailing Address				1			
224 LAKE BLUE CIRCLE 1224 LAKE BLUE									
POPKA FL 327		APOPKA FL 32703				DO NOT WRIT	E IN THIS S	PACE	
							E IN THIS S	FAGE	
						3. Date Incorporated or Qualifed			
						07/05/1996		-11.	
Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For
·[		26				59-3390184		<del></del>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	[]		Additional
2	27						Fee I	Required	
City & State	e	City & State	City & State			6. Election Campaign Financing		\$5.0	🛭 May Be
3		28				Trust Fund Contribution		Added	d to Fees
Zip	Country	Zip	Cot	untry		8. This corporation owes the curre	ent year Inta	ngible	_
4	25	29	30			Personal Property Tax.		☐ Yes	<b>⊠</b> No
	9. Name and Address of Curre	nt Registered Agent		Γ.		10. Name and Address of New R	egistered A	gent	
				81	Name				
ZUMBAUGH, LEONARD D				82	Stenet Adde	ess (P.O. Box Number is Not Accepta	ble)		
1224		82 Street Ad			ess (F.O. Box Number is Not Accepte	DIC)			
	PKA FL 32703			83					
				84	City		FL	85   Zij	p Code
				لمسل		oration submits this statement for the		<u> </u>	ite registered
ageni. ra SIGNATURE	m familiar with, and accept the oblig						DATE		
	Signature, typed or printed name of registered ag-	<del></del>	E: Registere		signature requires	d when reinstating) ADDITIONS/CHANGES TO OF		DIRECT	TORS IN 12
12.		ND DIRECTORS	_		<del></del>	ABDITIONS/OFFANGES TO OFF	IOLINO AIN	Change	
TITLE	D	C) DETE 15		mle -	-				
NAME	ZUMBAUGH, LEONARD D			IAME	}				
STREET ADDRESS	1224 LAKE BLUE CIRCLE		1.3 \$	TREET	ADDRESS				
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STREET ADDRESS			6.3 9	STREET	ADDRESS				

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

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90323 010 \*\*\*150.00