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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000074893

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90050 044 ***150.00

| 1. Corporatio | PROBST, INC. | | | | | 18 11! 18 6 ?) 818 8 1 11 | 1110 (0100 111) (95) |
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| Principal Plac | ce of Business | Mailing Address | | | T INERIORI (IN 1811A NEILE NOIEI DRIII ARVIL A | | ILIN INING TILL INGI |
| 6220 SOUTH C SUITE 165 | DRANGE BLOSSOM TRAIL | 6220 SOUTH ORANGE BL SUITE 165 | OSSOM TR | AIL | | | . • |
| ORLANDO FL 32809 ORLANDO FL 32809 | | | | | DO NOT WRITE IN THIS SPACE | | |
| | | | | | Date Incorporated or Qualifed 09/03/1996 | ٠, | |
| 2. Principal F | Place of Business | 2a. Mailing Address | | | 4. FEI Number | TT | Applied For |
| 21 | | 26 | | | 59-3405873 | | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired 🗀 | | 5 Additional Required |
| City & Stat | te | City & State | | | 6. Election Campaign Financing | \$5.0 | 0 May Be |
| 23 | | 28 | | | Trust Fund Contribution | | d to Fees |
| Zip | Country | Zip | Cour | try | 8. This corporation owes the current year | | |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | Yes | □No |
| | 9 Name and Address of Curre | | | 31 Name | 10. Name and Address of New Registe | red Agent | |
| RAR | CO, CARROLL S SR. | | | 31 Name | | ٠. | |
| | SOUTH ORANGE BLOSSOM | TRAIL | Ī | Street Add | Iress (P.O. Box Number is Not Acceptable) | | |
| | TE 194 | | - | 33 | | 96 - 1 To 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 10 June 19 19 19 19 19 19 19 19 19 19 19 19 19 |
| | ANDO FL 32809 | | | 33 | | | 里 接册罚 】 |
| , | | | - | 34 City | | 85 Zi | p Code |
| 44 Durguant | to the provisions of Sections 607.05 | 502 and 607 1508. Florida Statut | tae tha sh | we-named corr | poration submits this statement for the purpose | e of changing | ite registered |
| office or i | registered agent, or both, in the Stat am familiar with, and accept the oblig | e of Florida. Such change was a gations of, Section 607.0505, Flo | uthorized orida Statu | by the corporati | ion's board of directors. I hereby accept the ap | opointment as | registered |
| | | | | | | | |
| SIGNATURE | <u> </u> | | | | | | |
| | Signature, typed or printed name of registered as | | :: Registered A | gent signature require | ed when reinstating) DATE | | · |
| 12. | OFFICERS A | AND DIRECTORS | E: Registered A | gent signature require | ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS | AND DIREC | TORS IN 12 |
| 12. TITLE | OFFICERS A | | E: Registered A 13. 1.1 TITL | gent signature require | ed when reinstating) DATE | | TORS IN 12 |
| 12. TITLE NAME | OFFICERS A D JARVIS, VIRGINIA P | AND DIRECTORS | 13. 1.1 TITL | gent signature require | ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS | AND DIREC | TORS IN 12 |
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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.

SIGNATURE:

(407) 240-7633