

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90059 033 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P96000092958**

1. Corporation Name

**OVERLAND PARK, INC.**

Principal Place of Business

9551 BAYMEADOWS RD  
SUITE 4  
JACKSONVILLE FL 32256  
US

Mailing Address

9551 BAYMEADOWS RD  
SUITE 4  
JACKSONVILLE FL 32256  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/01/1996**

4. FEI Number

**59-3418498**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 **9471 Baymeadows Road**

Suite, Apt. #, etc.

27 **Suite 404**

City & State

28 **Jacksonville, FL**

Zip

Country

29 **32256**

30 **USA**

9. Name and Address of Current Registered Agent

**STOKES, E CHESTER JR**  
9551 BAYMEADOWS RD  
SUITE 4  
JACKSONVILLE FL 32256

**L. Denise Wallace**

10. Name and Address of New Registered Agent

81 Name

**L. Denise Wallace**

82 Street Address (P.O. Box Number is Not Acceptable)

**9471 Baymeadows Road**

83

**Suite 404**

84 City

**Jacksonville, FL**

85 Zip Code

**32256**

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

*L. Denise Wallace*

Signature, typed or printed name of registered agent, and title if applicable.

(NO) E: Registered Agent signature required when reinstating

**4/14/99**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**  
STREET ADDRESS **STOKES, E CHESTER JR**  
CITY-ST-ZIP **9551 BAYMEADOWS RD SUITE 4**  
**JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **DV**  
STREET ADDRESS **PUTNAL, JAMES E**  
CITY-ST-ZIP **9551 BAYMEADOW RD #4**  
**JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **V**  
STREET ADDRESS **WALLACE, DENISE L**  
CITY-ST-ZIP **9551 BAYMEADOWS RD #4**  
**JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **V**  
STREET ADDRESS **BRAREN, MICHAEL E**  
CITY-ST-ZIP **9551 BAYMEADOWS RD #4**  
**JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **T**  
STREET ADDRESS **FREDENHAGEN, SHARON W**  
CITY-ST-ZIP **9551 BAYMEADOWS RD #4**  
**JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **S**  
STREET ADDRESS **HICE, SHERRY**  
CITY-ST-ZIP **9551 BAYMEADOW RD #4**  
**JACKSONVILLE FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 change, or on an attachment with an address, with all other like empowered

SIGNATURE:

*L. Denise Wallace*

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/99**

**(904) 733-6690**

Date

Daytime Phone #

CR2E034 (11/98)

0043888