

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 21, 1999 8:00 am
Secretary of State

09-21-1999 90014 031 ***550.00

DOCUMENT # P97000040517

1. Corporation Name

COMPTON AND COMPANY, INCORPORATED



Principal Place of Business

5951 GROVELINE DRIVE
ORLANDO FL 32810

Mailing Address

3620 WESTGATE CENTER CR.
~~2E 5951 GROVELINE DR.~~
~~WINSTON SALEM NC 27103~~
ORLANDO, FL 32810

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1997

2. Principal Place of Business

21 **5951 GROVELINE DR.**

Suite, Apt. #, etc.

22 **0**

City & State

23 **ORLANDO FL 32810**

Zip

24 **32810**

Country

25 **USA**

2a. Mailing Address

26 **5951 GROVELINE DR.**

Suite, Apt. #, etc.

27

City & State

28 **ORLANDO FL**

Zip

29 **32810**

Country

30 **USA**

4. FEI Number

59-3450261

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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COMPTON, JAMES M
5951 GROVELINE DRIVE
ORLANDO FL 32810

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-8-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
COMPTON, JAMES M
STREET ADDRESS **5951 GROVELINE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ DELETE

NAME **S**
COMPTON, JOYCE C
STREET ADDRESS **5951 GROVELINE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 changed, or on an attachment with an address.

SIGNATURE:

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

9-8-99

407-293-3053
407-869-5200

CR2E034 (5/99)