

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

FILED  
Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90047 029 \*\*\*150.00

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1. Corporation Name

ORMOND VENTURES, INC.

Principal Place of Business

125 BARRIER ISLE DRIVE  
ORMOND BEACH FL 32176

Mailing Address

125 BARRIER ISLE DRIVE  
ORMOND BEACH FL 32176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1997

4. FEI Number

59-3460133

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

9. Name and Address of Current Registered Agent

SIMPSON, SCOTT E  
595 W GRANADA BLVD  
SUITE A  
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name Sharon B. Logan, P.A.

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

180 Vining Court

83

84 City Ormond Beach

FL

85 Zip Code 32176

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

(NOTE: Registered Agent signature required when reinstating)

3/25/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME COWGER, IVAN M  
STREET ADDRESS 125 BARRIER ISLE DR  
CITY-ST-ZIP ORMOND BCH FL 32176

TITLE VS ☐ DELETE

NAME PATTERSON, MICHAEL J  
STREET ADDRESS 1291 JOHN ANDERSON DR  
CITY-ST-ZIP ORMOND BCH FL 32176

TITLE T ☐ DELETE

NAME COGER, JANIE  
STREET ADDRESS 125 BARRIER ISLE DR  
CITY-ST-ZIP ORMOND BCH FL 32176

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 JANIE B. COWGER  
3.3 STREET ADDRESS 125 BARRIER ISLE DR  
3.4 CITY-ST-ZIP ORMOND BEACH, FL 32176

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, with all other like empowered.

SIGNATURE:

JANIE B. COWGER, TREAS.

2/25/99 (904) 441-1849  
Date Daytime Phone #

CR2E034 (1/98)