

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

PROFIT
CORPORATION
ANNUAL REPORT
2000



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

FILED

00 APR 21 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1997

4. FEI Number

59-3459967

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

10. Name and Address of New Registered Agent

MAHAFFEY, JOHN D JR.
3113 LAWTON RD
SUITE 225
ORLANDO FL 32803

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME O'DANIEL, PAUL T
STREET ADDRESS 464 CITRUS AVE
CITY-ST-ZIP OVIEDO FL 32765

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS 7000003229707-2
14 CITY-ST-ZIP -04/28/00--0111--001
***150.00 ***150.00

TITLE D ☐ DELETE
NAME O'DANIEL, CHARLOTTE G
STREET ADDRESS 464 CITRUS AVE
CITY-ST-ZIP OVIEDO FL 32765

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME LARWOOD, GARY
STREET ADDRESS 683 CANADICE CT
CITY-ST-ZIP WINTER SPRINGS FL 32708

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME LARWOOD, CAROL
STREET ADDRESS 683 CANADICE CT
CITY-ST-ZIP WINTER SPRINGS FL 32708

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE PT ☐ DELETE
NAME O'DANIEL, PAUL T
STREET ADDRESS 464 CITRUS AVE
CITY-ST-ZIP OVIEDO FL 32765

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE VS ☐ DELETE
NAME O'DANIEL, CHARLOTTE
STREET ADDRESS 464 CITRUS AVE
CITY-ST-ZIP OVIEDO FL 32765

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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: X Paul T. O'Daniel Paul T. O'Daniel

104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120