


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

DOCUMENT # P97000076123

1. Corporation Name
GENERAL ADMIN CORP.

FILED
Jul 14, 1999 8:00 am
Secretary of State
07-14-1999 90012 006 ***150.00



Principal Place of Business
7 MAIN STREET #1300
APOPKA FL 32703

Mailing Address
7 MAIN STREET #1300
APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/02/1997

4. FEI Number
59-3487905

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
SCONNELLY, CARL A
7 MAIN STREET #1300
APOPKA FL 32703

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, typed or printed name of registered agent and title 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCONNELLY, CARL A		1.2 NAME	
STREET ADDRESS	7 MAIN STREET #1300		1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703		1.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, THOMAS H		2.2 NAME	
STREET ADDRESS	505 WEKIVA SPRINGS ROAD #200		2.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779		2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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:  7/18/99 407-880-7880

CR2E034 (5/99)

588128-70012 -6
P97000076123

Thursday, July 08, 1999

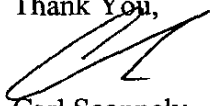
Florida Department of the State
PO Box 6327
Tallahassee, FL 32314
Attn.: Florida Agent

Dear State,

In reference to the late filing of our Annual Corporate Report, we would like to explain that we never received the first notice. We respectfully ask that the late fee be removed. We spoke with an agent of the state who asked us to please send a letter explaining that we had not received the first notice, and to send a check for the \$150.00 filing fee.

If we need to do anything else please let us know.

Thank You,



Carl Sconnely
General Admin Corp.
7 W. Main St. Ste. 1300
Apopka, FL 32703
FEI # 59-3487905