

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

PROFIT  
CORPORATION  
ANNUAL REPORT



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

FILED

00 APR 28 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000089553**

1. Corporation Name  
**PROFESSIONAL REFERRAL ORGANIZATION, INC.**

Principal Place of Business

Mailing Address

**511 N. MAITLAND AVE., #8  
MAITLAND FL 32751**

**511 N. MAITLAND AVE., #8  
MAITLAND FL 32751**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

**1404 Edgewater Dr**

**1404 Edgewater Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Orlando FL**

**Orlando FL**

Zip Country

Zip Country

**32804 25**

**32804 30**

3. Date Incorporated or Qualified

**10/17/1997**

4. FEI Number

**59-3472467**

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

**MARTIN, JOHN F  
2843 THAXTON DR., #37  
PALM HARBOR FL 34684**

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 re-registering)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 12

	<b>P</b>	<input checked="" type="checkbox"/> DELETE
	<b>THOMAS, SCOTT G</b>	
ST-ADDRESS	<b>511 N. MAITLAND AVE., #8</b>	
ST-ZIP	<b>MAITLAND FL 32751</b>	
		<input type="checkbox"/> DELETE
ST-ADDRESS		
ST-ZIP		
		<input type="checkbox"/> DELETE
ST-ADDRESS		
ST-ZIP		
		<input type="checkbox"/> DELETE
ST-ADDRESS		
ST-ZIP		
		<input type="checkbox"/> DELETE
ST-ADDRESS		
ST-ZIP		

11 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Debbie McCollum</b>	
13 STREET ADDRESS	<b>1404 Edgewater Dr.</b>	
14 CITY-ST-ZIP	<b>Orlando, FL 32804</b>	
21 TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>Carol Smith</b>	
23 STREET ADDRESS	<b>1404 Edgewater Dr</b>	
24 CITY-ST-ZIP	<b>Orlando FL 32804</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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**\*\*\*\*150.00-\*\*\*\*150.00**

**KE**

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:

**Carol Smith**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-31-99**  
Date

**Year 2000 - Carol Smith**

**Treasurer**

**4-28-00**  
Date

CR2E034 (11/98)