

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

FILED  
May 26 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000090818 (0)

1. Corporation Name  
ORLANDO CARRIAGE COMPANY II, INC.



Principal Place of Business

816 PARK LAKE CIR  
MAITLAND FL 32751

Mailing Address

816 PARK LAKE CIR  
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1997

4. FEI Number

59-3478255

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

NEWMAN, JENINE  
816 PARK LAKE CIR  
MAITLAND FL 32751

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 the applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME NEWMAN, JENINE  
STREET ADDRESS 816 PARK LAKE CIR  
CITY-ST-ZIP MAITLAND FL 32751

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE VD  
12. NAME NEWMAN, KENNETH M  
13. STREET ADDRESS 816 PARK LAKE CIR  
14. CITY-ST-ZIP MAITLAND, FL 32751

☐ Change ☒ Addition

21. TITLE  
22. NAME  
23. STREET ADDRESS  
24. CITY-ST-ZIP

☐ Change ☐ Addition

31. TITLE  
32. NAME  
33. STREET ADDRESS  
34. CITY-ST-ZIP

☐ Change ☐ Addition

41. TITLE  
42. NAME  
43. STREET ADDRESS  
44. CITY-ST-ZIP

☐ Change ☐ Addition

51. TITLE  
52. NAME  
53. STREET ADDRESS  
54. CITY-ST-ZIP

☐ Change ☐ Addition

61. TITLE  
62. NAME  
63. STREET ADDRESS  
64. CITY-ST-ZIP

☐ Change ☐ Addition

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.

CR2E034 (10/97)