

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
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90045 008 ***150.00

DOCUMENT # P97000103991

1. Corporation Name

I.O.L. OF CENTRAL FLORIDA, INC.

Principal Place of Business

~~521 WHISPERING PINES CIR
MELBOURNE FL 32940~~

Mailing Address

~~521 WHISPERING PINES CIR
MELBOURNE FL 32940~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1997

4. FEI Number

59-3486219

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

2. Principal Place of Business

21 3270 SUNTREE BLVD

Suite, Apt. #, etc.

22 Suite 205

City & State

23 MELBOURNE, FL

Zip

24 32940

Country

25 USA

2a. Mailing Address

26 PO Box 411570

Suite, Apt. #, etc.

27

City & State

28 MELBOURNE, FL

Zip

29 32940

Country

30 USA

10. Name and Address of New Registered Agent

81 Name

RONALD STAFFORD

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

521 WHISPERING PINES CIRCLE

83

84 City

MELBOURNE

FL

85 Zip Code

32940

11. Pursuant to the provisions of Sections 607.0502 and 607.508, 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)

4/16/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME STAFFORD, RONALD E
STREET ADDRESS 521 WHISPERING PINES CIR
CITY-ST-ZIP MELBOURNE FL 32940

TITLE D ☐ DELETE

NAME STAFFORD, MARGARET A
STREET ADDRESS 521 WHISPERING PINES CIR
CITY-ST-ZIP MELBOURNE FL 32940

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 C, D ☒ 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

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 in an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

(Signature typed or printed name of signing officer or director)

4/16/99

Date

407-254-5260

Daytime Phone #

CR2E034 (11/98)

0114584