

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  
Mar 29, 1999 8:00 am  
Secretary of State

03-29-1999 90051 031 \*\*\*158.75

DOCUMENT # P98000036155

1. Corporation Name

CENTRAL FLORIDA LAND DESIGN CORPORATION

Principal Place of Business

9245 BEAVER COVE  
APOPKA FL 32703

Mailing Address

9245 BEAVER COVE  
APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1998

4. FEI Number

59-3507057

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

21 550 N. BUMBY AVE

2a. Mailing Address

26 550 N. BUMBY AVE

Suite, Apt. #, etc.

22 145

Suite, Apt. #, etc.

27 145

City & State

23 ORLANDO FL 32803

City & State

28 ORLANDO, FL

Zip

24 32803

Country

25 USA

Zip

29 32803

Country

30 USA

9. Name and Address of Current Registered Agent

MAYNARD, RUSSELL C  
9245 BEAVER COVE  
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name RUSSELL C. MAYNARD

82 Street Address (P.O. Box Number is Not Acceptable)  
550 N. BUMBY AVE

83 SUITE 145

84 City ORLANDO

FL

85 Zip Code 32803

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]*  
Signature, typed or printed name of registered agent and title if applicable.

RUSSELL C. MAYNARD  
DIRECTOR PRESIDENT TREASURER SECRETARY

(NOTE: Registered Agent signature required when reinstating)

March 25, 1999  
DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME MAYNARD, RUSSELL C  
STREET ADDRESS 9245 BEAVER COVE  
CITY-ST-ZIP APOPKA FL 32703

☐ 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

1.1 TITLE D P T S  
1.2 NAME RUSSELL C. MAYNARD  
1.3 STREET ADDRESS 550 N. BUMBY AVE # 145  
1.4 CITY-ST-ZIP ORLANDO FL 32803

☒ Change

☐ Addition

2.1 TITLE V  
2.2 NAME MONTJE S. PLANK  
2.3 STREET ADDRESS 550 N. BUMBY AVE # 145  
2.4 CITY-ST-ZIP ORLANDO FL 32803

☐ Change

☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 25 1999 407-898-3541  
Date Daytime Phone #