

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

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90232 040 \*\*\*150.00

0070763

PROFIT CORPORATION  
ANNUAL REPORT  
1999

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



DOCUMENT # P98000042021

1. Corporation Name  
PROJECT ORLANDO, INC.



Principal Place of Business  
990 DOUGLAS AVE., #102  
ALTAMONTE SPRINGS FL 32714

Mailing Address  
990 DOUGLAS AVE., #102  
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/07/1998

4. FEI Number  
APPLIED FOR

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

21. Principal Place of Business  
108 W. CITRUS ST  
Suite, Apt. #, etc.

22. City & State  
ALTAMONTE SPRINGS FL

23. Zip  
32714

24. Country  
US

25. City & State  
ALTAMONTE SPRINGS FL

26. Zip  
32714

27. Country  
US

9. Name and Address of Current Registered Agent  
MILLER, ROBERT E  
990 DOUGLAS AVE  
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent  
81 Name  
WILLIAM RIPPARD  
82 Street Address (P.O. Box Number is Not Acceptable)  
108 W. CITRUS ST  
83  
84 City  
ALTAMONTE SPRINGS FL  
85 Zip Code  
32714

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]* DATE 2/16/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, MICHAEL A	1.2 NAME	
STREET ADDRESS	2690 CIMMARON BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32239	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, PATRICK T	2.2 NAME	EDWARD MCCUE
STREET ADDRESS	2690 CIMMARON BLVD	2.3 STREET ADDRESS	8026 BAYMEADOWS CIRCLE EAST
CITY-ST-ZIP	JACKSONVILLE FL 32259	2.4 CITY-ST-ZIP	UNIT 302 JACKSONVILLE FL 32256
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)