

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**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90002 049 \*\*\*150.00

DOCUMENT # P98000050490

1. Corporation Name

FLATS 1, INC.

Principal Place of Business

3005 W LAKE MARY BLVD.  
#109  
LAKE MARY, FL 32746

Mailing Address

1500 HIBISCUS AVENUE  
WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1998

4. FEI Number

59-3515855

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 3005 W. LAKE MARY BLVD.

Suite, Apt. #, etc.

22 #109

23 City & State  
LAKE MARY, FL

Zip Country

24 32746 25 US

2a. Mailing Address

26 1335 BENNETT DRIVE

Suite, Apt. #, etc.

27 #149

28 City & State  
LONGWOOD, FL

Zip Country

29 32750 30 US

9. Name and Address of Current Registered Agent

ROBERT J. HUTCHINS  
222 W. COMSTOCK AVENUE  
SUITE 111  
WINTER PARK, FL 32789

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D CHESTER WHEELER  
STREET ADDRESS 2431 ALOMA AVENUE, SUITE 246  
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE ☐ DELETE  
NAME D BRIAN WHEELER  
STREET ADDRESS 2431 ALOMA AVENUE, SUITE 246  
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE ☒ DELETE  
NAME D SCOTT FLORES  
STREET ADDRESS 2431 ALOMA AVENUE, SUITE 246  
CITY-ST-ZIP WINTER PARK, FL 32792

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 ☒ Change ☐ Addition  
1.2 NAME D CHESTER WHEELER  
1.3 STREET ADDRESS 1335 BENNETT DRIVE #149  
1.4 CITY-ST-ZIP LONGWOOD, FL 32750

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME D BRIAN WHEELER  
2.3 STREET ADDRESS 1335 BENNETT DRIVE #149  
2.4 CITY-ST-ZIP LONGWOOD, FL 32750

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRIAN WHEELER

5/3/99

Date

(407) 339-2222

Daytime Phone #

CR2E034 (1/98)