

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **P98000059532**

1. Corporation Name

**POWERS & ASSOCIATES OF CENTRAL FLORIDA, INC.**

**FILED**  
**Jul 12, 1999 8:00 am**  
**Secretary of State**

07-12-1999 90004 020 \*\*\*550.00



Principal Place of Business  
**11945 EDDY DR.  
WINTER GARDEN FL 34787**

Mailing Address  
**11945 EDDY DR.  
WINTER GARDEN FL 34787**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/02/1998</b>	
4. FEI Number <b>59-3523123</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>POWERS, PHYLLIS F 11945 EDDY DR. WINTER GARDEN FL 34787</b>	
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>P.O. Box 770912 1035 CHASE DR.</b> 83 84 City <b>Winter Garden</b> FL 85 Zip Code <b>34787</b>	

1. 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	
2. OFFICERS AND DIRECTORS	
1.1 TITLE <b>D</b>	<input type="checkbox"/> DELETE
1.2 NAME <b>POWERS, PHYLLIS F</b>	
1.3 STREET ADDRESS <b>11945 EDDY DR.</b>	
1.4 CITY-ST-ZIP <b>WINTER GARDEN FL 34787</b>	
2.1 TITLE <b>D</b>	<input type="checkbox"/> DELETE
2.2 NAME <b>POWERS, FRED A</b>	
2.3 STREET ADDRESS <b>11945 EDDY DR.</b>	
2.4 CITY-ST-ZIP <b>WINTER GARDEN FL 34787</b>	
3.1 TITLE	<input type="checkbox"/> DELETE
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> DELETE
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> DELETE
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> DELETE
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE <b>1035 CHASE DR</b>	
1.2 NAME <b>Winter Garden, FL 34787</b>	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <b>1035 CHASE DR</b>	
2.2 NAME <b>Winter Garden, FL 34787</b>	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: **Phyllis F. Powers** **PHYLLIS F. POWERS** 407-877-2743  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0112142

CR2E034 (5/99)