

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 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90014 047 \*\*\*150.00  
04-25-1999 90014 048 \*\*\*\*\*8.75

DOCUMENT # **P98000084887**

1. Corporation Name  
**MAITLAND REALTY COMPANY**



Principal Place of Business  
**2200 LUCIEN WAY #333  
MAITLAND FL 32751**

Mailing Address  
**2200 LUCIEN WAY #333  
MAITLAND FL 32751**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/02/1998**

4. FEI Number

**59-3536745**

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

**21 116 E. Altamonte Drive**

Suite, Apt. #, etc.

**22 Suite 210**

City & State

**23 Altamonte Springs FL**

Zip

**24 32701 25 USA**

2a. Mailing Address

**26 116 E. Altamonte Drive**

Suite, Apt. #, etc.

**27 Suite 210**

City & State

**28 Altamonte Springs FL**

Zip

**29 32701 30 USA**

9. Name and Address of Current Registered Agent

**CALHOUN, MICHAEL D  
2200 LUCIEN WAY #333  
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

**81 Name CALHOUN, MICHAEL D.**

**82 Street Address (P.O. Box Number is Not Acceptable)  
116 E. Altamonte Drive**

**83 Suite 210**

**84 City Altamonte Springs FL 85 Zip Code 32701**

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

**MICHAEL D. CALHOUN, PRESIDENT**

**3/31/99**

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

**TITLE D**  
**NAME CALHOUN, MICHAEL D**  
**STREET ADDRESS 2200 LUCIEN WAY #333**  
**CITY-STATE-ZIP MAITLAND FL 32751**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-STATE-ZIP**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-STATE-ZIP**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-STATE-ZIP**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-STATE-ZIP**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-STATE-ZIP**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**1.1 TITLE**  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY-STATE-ZIP**

☐ Change ☐ Addition

**2.1 TITLE**  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-STATE-ZIP**

☐ Change ☐ Addition

**3.1 TITLE**  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-STATE-ZIP**

☐ Change ☐ Addition

**4.1 TITLE**  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-STATE-ZIP**

☐ Change ☐ Addition

**5.1 TITLE**  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-STATE-ZIP**

☐ Change ☐ Addition

**6.1 TITLE**  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY-STATE-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:

**MICHAEL D. CALHOUN, President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**407-620-1489**

CR2E034 (11/98)