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**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000103142 1. Corporation Name

SCOTT R. SLANDA, P.A.

FILED
Apr 26, 1999 8:00 am
Secretary of State
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|--|--|--|

	e of Business	Mailing Address								
301 W STATE RO	OAD 434	301 W STATE ROAD 434								
SUITE 317 SUITE 317					DO NOT WRITE IN THIS SPACE					
WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708		3. Date Incom	3. Date Incorporated or Qualifed							
					12/09/199	_			į	
2 Principal Pl	lace of Business	2a. Mailing Address			4. FEI Numbe			Ap	plied For	
21	acc 0. Business	26			59-39	553298		No	t Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					- CD	\$8.75	Additional	 
22		27			55. Certificate of	of Status Desired		Fee Re	quired	
City & State	e .	City & State			6. Election Ca	ampaign Financing		\$5.00	May Be	
23		28	ı		Trust Fund	Contribution		Added	o Fees	
Zip	Country	Zip	Cou	intry	8. This corpor	ration owes the curre				
24	25	29	30			roperty Tax.	. <del></del>	Yes	□No	
	9. Name and Address of Current	Registered Agent		1 2 2 1 2 2		Address of New R	egistered A	gent		ļ
EDC!	, THOTING		ı	81 Name						
	/, TIMOTHY P			82 Street	Address (P.O. Box Nu	mber is Not Accepta	ble)			1
	TANGLESOOD DRIVE									ļ
UKAN	NGE CITY FL 32763			83						
				84 City	<u></u>			85 Zip (	Code	1
				'			FL	<u> </u>		ļ
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607.1508, Florida Statut	tes, the a	bove-named	l corporation submits the	is statement for the p	purpose of c t the appoint	hanging its ment as re	registered aistered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flo	rida Stat	utes.	oralion o board or alloc				•	ŀ
SIGNATURE						_				١.
										}
	Signature, typed or printed name of registered agent	<u>``</u>		1 Agent signature	required when reinstating)	CHANCES TO OFF	DATE .	DIRECTO	DS IN 12	6
12.	OFFICERS AND	DIRECTORS	13.			/CHANGES TO OFF	ICERS AND			11/98)
12.	OFFICERS AND	<u>``</u>	13.	TLE		/CHANGES TO OFF	ICERS AND	DIRECTO	PRS IN 12	4 (11/98)
12. TITLE NAME	OFFICERS AND D FREW, TIMOTHY P ESQUIRE	DIRECTORS DELETE	13. 1.1 To 1.2 No	TLE AME	ADDITIONS	/CHANGES TO OFF	ICERS AND			
12. TITLE NAME STREET ADDRESS	OFFICERS AND D FREW, TIMOTHY P ESQUIRE 301 W STATE ROAD 434, SUITE	DIRECTORS DELETE	13. 1.1 To 1.2 No 1.3 S	TLE AME TREET ADORESS	ADDITIONS	/CHANGES TO OFF	ICERS AND			2F034
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D FREW, TIMOTHY P ESQUIRE	D DIRECTORS  DELETE  317	13. 1.1 To 1.2 No 1.3 S 1.4 C	TLE AME TREET ADORESS ITY-ST-ZIP	ADDITIONS	/CHANGES TO OFF	ICERS AND			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D FREW, TIMOTHY P ESQUIRE 301 W STATE ROAD 434, SUITE	DIRECTORS DELETE	13. 1.1 To 1.2 No 1.3 S 1.4 C 2.1 To	TLE AME TREET ADORESS ITY-ST-ZIP ITLE	ADDITIONS	/CHANGES TO OFF	ICERS AND	Change	Addition	2F034
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D FREW, TIMOTHY P ESQUIRE 301 W STATE ROAD 434, SUITE	D DIRECTORS  DELETE  317	13. 1.1 Ti 1.2 Ni 1.3 S 1.4 C 2.1 Ti 2.2 Ni 2.3 S	TLE  AME  TREET ADORESS ITY-ST-ZIP ITLE  AME  TREET ADDRESS	ADDITIONS	/CHANGES TO OFF	ICERS AND	Change	Addition	2F034
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D FREW, TIMOTHY P ESQUIRE 301 W STATE ROAD 434, SUITE WINTER SPRINGS FL 32708	D DIRECTORS  DELETE  317	13. 1.1 To 1.2 No. 1.3 S' 1.4 CC 2.1 To 2.2 No. 2.3 S' 2.4 CC 3.1 To 3.2 No.	TILE  AME  TREET ADDRESS ITY-ST-ZIP  TILE  AME  TREET ADDRESS ZITY-ST-ZIP  TILE  AME	ADDITIONS	/CHANGES TO OFF	ICERS AND	☐ Change	Addition	2F034
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME	OFFICERS AND D FREW, TIMOTHY P ESQUIRE 301 W STATE ROAD 434, SUITE WINTER SPRINGS FL 32708	D DIRECTORS  DELETE  317  DELETE	13. 1.1 Ti 1.2 Ni 1.3 S' 1.4 C 2.1 Ti 2.2 Ni 2.3 S' 2.4 C 3.1 Ti 3.2 Ni 3.3 S' 3.4 C 4.1 Ti 4.2 Ni	TILE  AME  TREET ADDRESS  ITY-ST-ZIP  TILE  AME	ADDITIONS	/CHANGES TO OFF	ICERS AND	☐ Change ☐ Change ☐ Change	Addition  Addition	2F034
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS AND D FREW, TIMOTHY P ESQUIRE 301 W STATE ROAD 434, SUITE WINTER SPRINGS FL 32708	D DIRECTORS  DELETE  317  DELETE	13. 1.1 Tt 1.2 Nt 1.3 S 1.4 C 2.1 Tt 2.2 Nt 2.3 S 2.4 C 3.1 Tt 3.2 Nt 3.3 S 3.4 C 4.1 Tt 4.2 Nt 4.3 S	TILE  AME  TREET ADDRESS ITY-ST-ZIP  TILE  AME  TREET ADDRESS	ADDITIONS	/CHANGES TO OFF	ICERS AND	☐ Change ☐ Change ☐ Change	Addition  Addition	2F034
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND D FREW, TIMOTHY P ESQUIRE 301 W STATE ROAD 434, SUITE WINTER SPRINGS FL 32708	D DIRECTORS  DELETE  317  DELETE  DELETE	13. 1.1 Ti 1.2 Ni 1.3 S' 1.4 C 2.1 Ti 2.2 Ni 2.3 S' 2.4 C 3.1 Ti 3.2 Ni 3.3 S' 3.4 C 4.1 Ti 4.2 Ni 4.3 S' 4.4 C	TILE  AME  TREET ADDRESS  TITY-ST-ZIP  TILE  AME  TREET ADDRESS  TITY-ST-ZIP  TILE  AME  TREET ADDRESS  TITY-ST-ZIP  TITLE  AME  TREET ADDRESS  TREET ADDRESS  TREET ADDRESS	ADDITIONS	/CHANGES TO OFF	FICERS AND	☐ Change ☐ Change ☐ Change	Addition  Addition	2F034
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D FREW, TIMOTHY P ESQUIRE 301 W STATE ROAD 434, SUITE WINTER SPRINGS FL 32708	D DIRECTORS  DELETE  317  DELETE  DELETE	13. 1.1 Tt 1.2 Nt 1.3 S 1.4 C 2.1 Tt 2.2 Nt 2.3 S 2.4 C 3.1 Tt 3.2 Nt 3.3 S 3.4 C 4.1 Tt 4.2 Nt 4.3 S 4.4 C 5.1 T 5.2 Nt 5.3 S	TILE  AME  TREET ADDRESS  TITY-ST-ZIP  TILE  AME  TREET ADDRESS  TITY-ST-ZIP  TILE  AME  TREET ADDRESS  TITY-ST-ZIP  TITLE  TREET ADDRESS  TITY-ST-ZIP  TITLE  TREET ADDRESS  TITY-ST-ZIP  TITLE  AME  TREET ADDRESS  TITY-ST-ZIP  TITLE  TREET ADDRESS  TITY-ST-ZIP  TITLE  TREET ADDRESS  TITY-ST-ZIP  TITLE  TREET ADDRESS	ADDITIONS	/CHANGES TO OFF	FICERS AND	Change  Change	Addition  Addition  Addition	2F034
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	D FREW, TIMOTHY P ESQUIRE 301 W STATE ROAD 434, SUITE WINTER SPRINGS FL 32708	D DELETE  DELETE  DELETE  DELETE  DELETE	13. 1.1 Ti 1.2 Ni 1.3 S' 1.4 C 2.1 Ti 2.2 Ni 2.3 S' 2.4 C 3.1 Ti 3.2 Ni 3.3 S' 3.4 C 4.1 Ti 4.2 Ni 4.3 Si 4.4 C 5.1 Ti 5.2 Ni 5.3 Si 5.4 C	TILE  AME  TREET ADDRESS  TITY-ST-ZIP  TILE  AME  TREET ADDRESS  TITY-ST-ZIP  TILE  AME  TREET ADDRESS  TITY-ST-ZIP  TILE  TREET ADDRESS  TITY-ST-ZIP  TILE	ADDITIONS	/CHANGES TO OFF	FICERS AND	Change Change Change Change	Addition Addition Addition Addition	2F034
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AND D FREW, TIMOTHY P ESQUIRE 301 W STATE ROAD 434, SUITE WINTER SPRINGS FL 32708	D DELETE  DELETE  DELETE  DELETE  DELETE	13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti 2.2 Ni 2.3 Si 2.4 Ci 3.1 Ti 3.2 Ni 3.3 Si 3.4 Ci 4.1 Ti 4.2 Ni 4.3 Si 4.4 Ci 5.1 Ti 5.2 Ni 5.3 Si 5.4 Ci 6.1 Ti 6.2 Ni	TILE  AME  TREET ADDRESS  TITY-ST-ZIP  TILE  AME  TREET ADDRESS  TITY-ST-ZIP  TILE  AME  TREET ADDRESS  TITY-ST-ZIP  TILE  TREET ADDRESS  TITY-ST-ZIP  TILE	ADDITIONS	/CHANGES TO OFF	FICERS AND	Change Change Change Change	Addition Addition Addition Addition	2F034

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: