

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S06412** (8)

1. Corporation Name

**FLORIDA AUCTIONEER ACADEMY, INCORPORATED**



Principal Place of Business

Mailing Address

**1212 EAST COLONIAL DR.  
ORLANDO FL 32803**

**1212 EAST COLONIAL DR.  
ORLANDO FL 32803**

2. Principal Place of Business

2a. Mailing Address

**21 5311 DIPLOMAT CIRCLE**

**26 5311 DIPLOMAT CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23**  
Zip **32810**

Country

**28**  
Zip **32810**

Country

3. Date Incorporated or Qualified

**10/17/1990**

3a. Date of Last Report

**03/29/1995**

4. FEI Number

**59-3038253**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SKEEN, JAMES E.  
1212 EAST COLONIAL DRIVE  
ORLANDO, F; 32803**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)  
**5311 DIPLOMAT CIRCLE**

**83**

**84** City

**FL**

**85** Zip Code  
**32810**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
SKEEN, JAMES E.  
1212 E.COLONIAL DR.  
ORLANDO FL** ☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
**5311 DIPLOMAT CIRCLE  
32810** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VST  
SKEEN, ROSE E.  
1212 E.COLONIAL DR.  
ORLANDO FL** ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
**5311 DIPLOMAT CIRCLE  
32810** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
SKEEN, ROSE, E  
1212 E COLONIAL DR  
ORLANDO FL** ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
**5311 DIPLOMAT CIRCLE  
32810** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James E. Skeen 4-4-96 407-896-9797**

Date

Daytime Phone #

CR2E034 (12/95)