

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S20054 (0)

1. Corporation Name
LEFEVRE & GARCIA, P.A.

Principal Place of Business

300 N COUNTRY ROAD 427
SUITE 100
LONGWOOD FL 32750
US

Mailing Address

300 N COUNTRY ROAD 427
SUITE 100
LONGWOOD FL 32750
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/19/1990

4. FEI Number

59-3040792

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 225 E. ROBINSON St.

Suite, Apt. #, etc.

22 Suite 540

City & State

23 ORLANDO FL

Zip

24 32801

Country

25 USA

2a. Mailing Address

26 225 E. ROBINSON St.

Suite, Apt. #, etc.

27 Suite 540

City & State

28 ORLANDO FL

Zip

29 32801

Country

30 USA

9. Name and Address of Current Registered Agent

LEFEVRE, KEITH H
300 N COUNTRY ROAD 427 SUITE 100
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

225 E. ROBINSON St. Ste. 540

83

84

City ORLANDO

FL

85 Zip Code

32801

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

Keith H. Lefevre

President

March 19 1998

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 D
NAME LEFEVRE, KEITH H
STREET ADDRESS 300 N COUNTRY ROAD SUITE 100
CITY-ST-ZIP LONGWOOD FL

☐ DELETE

TITLE D
NAME PAPPAS, PETER C.
STREET ADDRESS 225 E ROBINSON ST SUITE 540
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D
NAME GARCIA, MARIO A.
STREET ADDRESS 225 E ROBINSON ST SUITE 540
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

225 E. ROBINSON St. Ste. 540

ORLANDO, FL 32801

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-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.

SIGNATURE

Keith H. Lefevre

Keith H. Lefevre

3/19/98

407-648-7555

CR2E034 (10/97)