

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 15, 1999 8:00 am  
Secretary of State

04-15-1999 90059 006 \*\*\*150.00

DOCUMENT # S44672

1. Corporation Name

D.N. ASBELL & ASSOCIATES, INC.

Principal Place of Business  
2162 MAJESTIC WOODS BLVD.  
APOPKA FL 32712  
US

Mailing Address  
2162 MAJESTIC WOODS BLVD.  
APOPKA FL 32712  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1991

4. FEI Number  
59-3121562

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

2a. Mailing Address

21 1005 West Magnolia

26 1005 West Magnolia

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Street

27 Street

23 City & State  
Clermont FL

28 City & State  
Clermont FL

24 Zip 34711 Country Lake

29 Zip 34711 Country Lake

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ASBELL, DOUG  
2162 MAJESTIC WOODS BLVD.  
APOPKA FL 32712

81 Name Doug Asbell  
82 Street Address (P.O. Box Number is Not Acceptable)  
1005 West Magnolia Street  
83  
84 City Clermont FL 85 Zip Code 34711

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

*Doug Asbell*

Doug Asbell Same

4/6/99

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 PD  
NAME ASBELL, DOUG  
STREET ADDRESS 2162 MAJESTIC WOODS BLVD  
CITY-ST-ZIP APOPKA FL

1.1 TITLE PD  
1.2 NAME Asbell Doug  
1.3 STREET ADDRESS 1005 W. Magnolia St  
1.4 CITY-ST-ZIP Clermont, FL 34711

TITLE STD  
NAME ASBELL, CYNTHIA  
STREET ADDRESS 2162 MAJESTIC WOODS BLVD  
CITY-ST-ZIP APOPKA FL

2.1 TITLE STD  
2.2 NAME Asbell, Cynthia  
2.3 STREET ADDRESS 1005 W. Magnolia St  
2.4 CITY-ST-ZIP Clermont, FL 34711

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Doug Asbell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/99 (352) 243-0374

CR2E034 (11/98)