

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
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90079 015 ***158.75

DOCUMENT # S58109

1. Corporation Name

FADDIS, OLDHAM & SMITH, P.A.

Principal Place of Business

135 N MAGNOLIA
ORLANDO FL 32801-2328
US

Mailing Address

135 N MAGNOLIA
ORLANDO FL 32801-2328
US

2. Principal Place of Business

21 100 S. ORANGE AV.

Suite, Apt. #, etc.

22 SUITE 200

City & State

23 ORLANDO FL

Zip Country

24 32801-2328 US

2a. Mailing Address

26 100 S. ORANGE AV.

Suite, Apt. #, etc.

27 SUITE 200

City & State

28 ORLANDO FL

Zip Country

29 32801-2328 30 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1991

4. FEI Number

59-3077830

Applied For

Not Applicable

5. Certificate of Status Desired ☒ Yes ☐ No

\$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

9. Name and Address of Current Registered Agent

FADDIS, ERIC H.
135 N. MAGNOLIA
ORLANDO FL 32801

SAME

10. Name and Address of New Registered Agent

81 Name
FADDIS, ERIC H.

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

100 S. ORANGE AV.

83 SUITE 200

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 ☒ Signature typed or printed name of registered agent and title if applicable

(ERIC H. FADDIS)

(NOTE: Registered Agent signature required when reinstating)

1-26-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FADDIS, ERIC H.
STREET ADDRESS 135 N MAGNOLIA
CITY-ST-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99

Date

(407) 872-1050

Daytime Phone #

CR2E034 (11/98)