

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S77177** (1)

1. Corporation Name

GREATER ORLANDO INDUSTRIES, INC.



Principal Place of Business

**1003 LA QUINTA DR.
ORLANDO FL 32809
US**

Mailing Address

**1003 LA QUINTA DR.
ORLANDO FL 32809
US**

3. Date Incorporated or Qualified
09/03/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **1209 Landstreet Rd.**
Suite, Apt. #, etc.

2a. Mailing Address

26 **1209 Landstreet Rd.**
Suite, Apt. #, etc.

22 City & State

23 **Orlando, FL**

24 Zip **32824** Country **Orange**

27 City & State

28 **Orlando, FL**

29 Zip **32824** Country **Orange**

4. FEI Number
59-3079653

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

**LUPPENS JR, LAWRENCE H.
100 TWIGGS ST
SUITE 300
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL 85 Zip Code

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 of the corporation's registered agent and the state agent

(If the registered agent is not a resident of the state, the signature of the state agent is required.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP BROWN, DANNY**
STREET ADDRESS **3371 TIMUCUA CIR.**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME **DST BROWN, CHERYL**
STREET ADDRESS **3371 TIMUCUA CIR.**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Danny Brown PRESIDENT
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96
Date

855-1819
Daytime Phone #

CR2E034 (12/95)