

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

FILED
May 07 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 # **V23060** (9)
1. Corporation Name
LANGSTON, HESS & BOLTON, P.A.

Principal Place of Business 111 S. MAITLAND AVENUE SUITE 200 MAITLAND FL 32751	Mailing Address 111 S. MAITLAND AVENUE SUITE 200 MAITLAND FL 32751
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1992	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-3152951	Applied For Not Applicable
23. Zip	24. Country	28. Zip	29. Country	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	

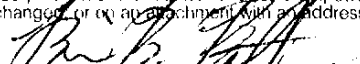
9. Name and Address of Current Registered Agent HEDRICK, DAVID W P.A. SOUTHTRUST BANK BUILDING, SUITE 1100 135 WEST CENTRAL BLVD. ORLANDO FL 32801		10. Name and Address of New Registered Agent 81 Name Cliff B. Shepard, III 82 Street Address (P.O. Box Number is Not Acceptable) First Union Tower 221 NE Ivanhoe Blvd. 83 20 N. Orange Avenue, Suite 1107 205 84 City Orlando, FL 85 Zip Code 32801 92804	
--	--	---	--

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, and I am not accepting the obligations of Section 607.0505, Florida Statutes.

SIGNATURE:  DATE: **4/30/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LANGSTON, HERBERT A.	1.2 NAME	
STREET ADDRESS	1330 BOYER ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750	1.4 CITY-ST-ZIP	
TITLE	VT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HESS, JAMES M.	2.2 NAME	
STREET ADDRESS	737 KAYWOOD DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32825	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BOLTON, BRIAN B.	3.2 NAME	
STREET ADDRESS	1629 WOOD DUCK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 a address.

SIGNATURE:  DATE: **2/1/98**

CR2E034 (10/97)