

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

DOCUMENT # V50030

1. Corporation Name

LANCE ARRINGTON ASSOCIATES, INC.

Principal Place of Business

1245 W FAIRBANKS AVE
STE 200
WINTER PARK FL 32789-4878
US

Mailing Address

1245 W FAIRBANKS AVE
STE 200
WINTER PARK FL 32789-4878
US

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90116 031 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1992

4. FEI Number

59-3135689

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARRINGTON, LANCE

1245 W FAIRBANKS AVE
STE 200
WINTER PARK FL 32789
Orlando, FL 32801

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

Lance Arrington

LANCE ARRINGTON

1/18/99

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 PVPD
NAME ARRINGTON, LANCE
STREET ADDRESS 1245 W FAIRBANKS AVE, STE 200
CITY-ST-ZIP WINTER PARK FL 32789-4878

☒ DELETE

TITLE T
NAME ARRINGTON, CAROL
STREET ADDRESS 1245 W FAIRBANKS AVE, STE 200
CITY-ST-ZIP WINTER PARK FL 32789-4878

☒ DELETE

TITLE AS
NAME STEWART DENNIS I
STREET ADDRESS 1245 W FAIRBANKS AVE, STE 200
CITY-ST-ZIP WINTER PARK FL 32789-4878

☐ DELETE

TITLE PRESIDENT
NAME LANCE ARRINGTON
STREET ADDRESS 424 ANDERSON CT STE D
CITY-ST-ZIP ORLANDO, FL 32801

☐ DELETE

NEW

TITLE EXEC VP & TREASURER
NAME CAROL B. ARRINGTON
STREET ADDRESS 424 ANDERSON CT STE D
CITY-ST-ZIP ORLANDO, FL 32801

☐ DELETE

NEW

TITLE EXEC VP
NAME WAYNE A. FUGAL
STREET ADDRESS 424 ANDERSON CT STE D
CITY-ST-ZIP ORLANDO, FL 32801

☐ DELETE

NEW

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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, with all other like empowered.

SIGNATURE:

Lance Arrington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99

(407) 481-0733

Date

Daytime Phone #

CR2:034 (1/98)