

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

FILED  
Mar 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V56714** (1)  
1. Corporation Name  
**PALMER & PALMER, P.A.**

Principal Place of Business <b>125 VARIETY TREE ALTAMONTE SPRINGS FL 32719 US</b>	Mailing Address <b>125 VARIETY TREE ALTAMONTE SPRINGS FL 32719 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3117-B EDGEWATER DR</b> Suite, Apt. #, etc. 22 City & State <b>ORLANDO FL</b> 23 Zip <b>32804</b> 25 Country		2a. Mailing Address 26 <b>3117-B EDGEWATER DR</b> Suite, Apt. #, etc. 27 City & State <b>ORLANDO, FL</b> 28 Zip <b>32804</b> 30 Country		3. Date Incorporated or Qualified <b>08/06/1992</b>
		4. FEI Number <b>59-3144592</b>		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>PALMER, NANCY S. 125 VARIETY TREE ALTAMONTE SPRINGS FL 32714</b>		10. Name and Address of New Registered Agent 81 Name <b>WILLIAM D PALMER</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3117-B EDGEWATER DR</b> 83 City <b>ORLANDO</b> FL 85 Zip Code <b>32804</b>	
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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]* **WILLIAM D PALMER** 1-15-98  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D PALMER, NANCY S. 213 FLAME AVE MAITLAND FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PRESIDENT, DIRECTOR PALMER, NANCY S. 3117-B EDGEWATER DRIVE ORLANDO FL 32804</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VICE-PRES., TREASURER, SECY. DIR. PALMER, WILLIAM D 3117-B EDGEWATER DR ORLANDO FL 32804</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *[Signature]* **WILLIAM PALMER** 1-15-98 407-650-8900

CR2E034 (10/97)