


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

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90215 036 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V58757**

1. Corporation Name  
**ANNANDALE, INC.**

Principal Place of Business <b>552 PIEDMONT-WEKIVA ROAD APOPKA FL 32703 US</b>	Mailing Address <b>552 PIEDMONT-WEKIVA ROAD APOPKA FL 32703 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/19/1992**

4. FEI Number

**59-3140197**

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
21 <b>2912 CORRIE DR</b>	26 <b>247 Stevenage Drive</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27 <b>USA</b>
City & State	City & State
23 <b>ORLANDO, FL</b>	28 <b>Longwood</b>
Zip	Zip
24 <b>32803</b>	29 <b>FL</b>
Country	Country
25 <b>USA</b>	30 <b>32779</b>

9. Name and Address of Current Registered Agent

**HAWKINS, LEE DOUGLAS  
552 PIEDMONT-WEKIVA ROAD  
APOPKA FL 32703**

10. Name and Address of New Registered Agent

81 Name	<b>HAWKINS LEE DOUGLAS</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>247 STEVENAGE DRIVE</b>
83	
84 City	<b>LONGWOOD</b>
85 Zip Code	<b>FL 32779</b>

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HAWKINS, LEE DOUGLAS</b>	
STREET ADDRESS	<b>552 PIEDMONT-WEKIVA ROAD</b>	
CITY-ST-ZIP	<b>APOPKA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>HAWKINS LEE DOUGLAS</b>	
1.3 STREET ADDRESS	<b>247 STEVENAGE DRIVE</b>	
1.4 CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **X [Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4:30:99**

Date

Daytime Phone #

CR2E034 (11/98)