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

PROFIT CORPORATION ANNUAL REPORT

1997

City-ST-ZiP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 231679

(2)

| Principal Plac | | Mailing Address | | | |
|---|---|-------------------------------------|--|--|---|
| 1818 HARDEN BLVD LAKELAND FL 33803 LAKELAND FL 33803 LAKELAND FL 33803-1827 | | | | | |
| | | | | 3. Date Incorporated or Qualified 01/02/1960 | 3a. Date of Last Report 02/27/1996 |
| 2. Principal F | Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 59-0878274 | Not Applicable |
| Suite, Apt | #, etc | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & Stat | te | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 Zip | Country | 28 | Country | Trust Fund Contribution | Added to Fees |
| 24 | ļ ₁ | | 30 | This corporation has liability for information by the statutes The statutes | intangible tax under s. 199.032, ☐ Yes ☐ No |
| 24 | 25] 9. Name and Address of Curre | | 30 | 10. Name and Address of New Re | |
| DEC | KER,FRANK C | | 81 Name | | <u> </u> |
| | B HARDEN BLVD | | 82 Street Add | ress (P.O. Box Number is Not Acceptat | ale) |
| LAK | ELAND FL 33803 | | 0,000,7400 | The transfer of the transfer o | no _j |
| | | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| | | | | | FL |
| office or | to the provisions of Sections 607.95 registered agent, or both, in the Stat | le of Florida. Such change was a | es, the above-hamed corpora juthorized by the corpora | poration submits this statement for the partion's board of directors. I hereby acception's | ot the appointment as registered |
| agent La | am familiar with, and accept the obli | gations of, Section 607.0505, Flo | rida Statutes. | | |
| SIGNATURE | Signature, typed or printed name of registered a | gest ar o title if applicable (NOTE | Registered Agent signature requ | ired when reinstating) | DATE |
| 12. | OFFICERS A | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICE | ERS AND DIRECTORS IN 12 |
| TITLE | STD | DELETE | 1.1 TITLE | | Change Addition |
| NAME | TAYLOR, GALE L | | 1.2 NAME | | |
| STREET ADDRESS | 1818 SOUTH CENTRAL AVE | | 13 STREET ADDRESS | | |
| CITY - ST - ZIP | LAKELAND, FL 00000 | | 1 4 CiTY-ST-ZIP | | |
| THILE | PD FOATO FOATO | ☐ DELETE | 21 TITLE | | Change Addition |
| NAME | DECKER, FRANK C | | 2.2 NAME | | |
| STREET ADDRESS | 1818 SOUTH CENTRAL AVE LAKELAND, FL 00000 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | VD | ☐ DELETE | 2.4 CITY - ST - ZIP | | Change Addition |
| TITLE | MILCICH, TIMOTHY P | ☐ DELETE | 3.1 TITLE | | Change |
| NAME. | 1818 SOUTH CENTRAL AVE | | 3.2 NAME | | |
| STREET ADDRESS | LAKELAND, FL 00000 | | 3.3 STREET ADDRESS : 3.4. CITY-ST-ZIP | | |
| C:TY - 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-S1-ZiP | | | 5.4 CITY - ST - ZIP | | |
| TITLE | | DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | : |
| CTREET APPROVES | | | C 2 CTREST APPROCES | | |

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this firing 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 3 of changed, or on an attachment with an address.

FILED

Jan 27 1997 8:00am

Secretary of State

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