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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name F18141

(4)

C.P.R. ENTERPRISES, INC.

FILED May 08 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
P.O. BOX 211 P.O. BOX 211 P.O. BOX 211						
LAKELAND FL 33601		LAKELAND FL 33801			DO NOT WRITE IN THIS SPACE	
US		US			3. Date Incorporated or Qualified	
					01/09/1981	
	lace of Business	2a. Mailing Address	¬		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			59-2066640	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing	····	
23		28			Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes X No
	9. Name and Address of Current	Registered Agent		-1	10. Name and Address of New Registe	red Agent
	OADS, RUSSELL W JR		6	1 Name		
1220 BRIGHTON WAY				2 Street Add	dress (P.O. Box Number is Not Acceptable)	
LAKELAND FL 33813						
			*	3		
			8	4 City	1	85 Zip Code
11 Pursuant	o the provisions of Sections 607.0502	and 607 1508 Florida St	tetutes the abo	we-pamed po	prporation submits this statement for the purpo	so of shapping its registered
Office of re	egistered agent, or both, in the State (of Florida. Such change w	vas authorized l	by the corpora	ration's board of directors. I hereby accept the	appointment as registered
_	m familiar with, and accept the obliga	tions of, Section 607.0505	o, Fiorida Statut	es.		
SIGNATURE	Signature, typed or printed name of registered ages	r and tile if applicable.	(NOTE: Registered A	gent signature reg	puired when reinstating) DA	JE .
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	STP	☐ DELETE	1.1 TITLE			Change Addition
NAME	RHOADS, RUSSELL W JR		1.2 NAME	E		
STREET ADDRESS	1220 BRIGHTON WAY		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		1.4 CITY	-ST-ZIP		
TITLE	PALII CDAIC E	[_] DELETE		i i		Change Addition
NAME	Paul, Craig e 6733 Eaglelake Dr.		2 2 NAME			
STREET ADDRESS	LAKELAND FL			et address		
CITY-ST-ZIP TITLE	V	☐ DELE TE	2. 4 DITY			[] (comment [] (c
NAME	RHOADS, RUSSELL W SR	□ Decei€	3.1 TITLE 3.2 NAME			Change Addition
STREET ADDRESS	6601 SHADOWWOOD RUN			ET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		3.4. CITY			
TITLE		☐ DELETE		-		Change Addition
NAME			4. 2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 CITY			
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADORESS			5.3 STREE	et address		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		DELETE	6.1 TITLE	- I		☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP	antife, that the following to the second	L ACC - 115 1	6.4 CITY-	ST-ZIP		
indicated (on this annual report or supplemental.	annual report is true and	accurate and ti	hat my signati	n Section 119.07(3)(i), Florida Statutes. I furthe ture shall have the same legal effect as if made	a under noth: that I am an
onicer or c	firector of the corporation or the recei or Block 13 if changed, or on an attack	ver är trustee empower ed	I to execute this	report as rec	quired by Chapter 607, Florida Statules; and ti	nat my name appears in
	the second				4	í