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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G67089 (4)

1. Corporation Name
DALE C. ROSSMAN, INC.

Principal Place of Business	Mailing Address
2160 SR 37 SOUTH POST OFFICE BOX 1021 MULBERRY FL 33860	2160 SR 37 SOUTH POST OFFICE BOX 1021 MULBERRY FL 33860

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1983

2. Principal Place of Business
21: 502 County Road 640 East
22: Suite, Apt. #, etc.
23: City & State: Mulberry Florida
24: Zip: 33860
25: Country

2a. Mailing Address
26: P.O. Box 1021
27: Suite, Apt. #, etc.
28: City & State: Mulberry Florida
29: Zip: 33860
30: Country

4. FEI Number: 59-2340401 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. **Name and Address of Current Registered Agent**

ROSSMAN, DALE C.
321 IMPERIAL BLVD.
LAKELAND FL 33803

10. **Name and Address of New Registered Agent**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROSSMAN, DALE C.		1.2 NAME		
STREET ADDRESS	2160 SR 37 SOUTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	MULBERRY FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, KENNETH D.		2.2 NAME		
STREET ADDRESS	2132 HOOFPRINT LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP		
TITLE	VST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JORDAN, RONALD E		3.2 NAME		
STREET ADDRESS	3817 SCOVILL LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BREDBENNER, TODD B		4.2 NAME		
STREET ADDRESS	404 EASTON DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CARPENTER, FRANK J.		5.2 NAME		
STREET ADDRESS	5359 BLACK PINE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: Ronald E. Jordan Ronald E. Jordan 4/7/98 941-428-9500