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

1. Corporatio	CTRIC S.E., INC.	6 (8)				
Principal Plac	e of Business	Mailing Address				
2011 S. COMBEE ROAD LAKELAND FL 33801		2011 S. COMBEE ROAD LAKELAND FL 33801			DO NOT WRITE IN THIS SPACE	
ļ						3. Date Incorporated or Qualified
						12/05/1983
	Place of Business	2a. Mailing Address				4, FEI Number Applied For
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.			59-2337428 Not Applicable \$8.75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28	T 0			Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip	30 Cou	HUTY		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
[24]	g. Name and Address of Currer		[30]	$\overline{}$		10. Name and Address of New Registered Agent
KIR	K, EDWARD J.			81	Name	
2011 S. COMBEE ROAD				82	Street /	Address (P.O. Box Number is Not Acceptable)
LAKELAND FL 33801						
				63		
1				84	City	FL 85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the oblig Signature, typod or printed name of registered agin					corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
12.		D DIRECTORS	13.	3 MUB	nt eignature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TOTLE	DP .	DELETE	1,1 10	TLE	Ī	Change Addition
NAME	KIRK, EDWARD J		1.2 NA	ME		
STREET ADDRESS	460 HOWARD AVE		1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	Decrease .		1.4 CITY-ST		
TITLE	VST	☐ DELETE	2.1 TI		- 1	Change Addition
NAME STREET ADDRESS	KIRK, RHODA F. 460 HOWARD AVENUE		2.2 NA		ADDRESS	
CITY-ST-ZIP	LAKELAND FL		2.4 C			
TITLE	V	☐ DELETE	3.1 Til		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change ☐ Addition
NAME	WILLIAMS, ROGER G		3.2 NA	ME	- 1	
STREET ADDRESS	5710 SCOTT LK HILLS LN		3.3 ST	REET	ADDRESS	
CITY-S1-ZIP	LAKELAND FL		3.4. C		T-ZIP	
TITLE		☐ DELETE	4.1 111		- 1	☐ Change ☐ Addition
NAME			4. 2 N			
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	4.4 Ci		1-ZIP	Change Addition
NAME		<u> </u>	5.2 NA		}	FAULTOIT
STREET ADDRESS			i i		ADDRESS	
CITY-ST-ZIP			5.4 CI		- 1	
TITLE		☐ DELETE	6.1 717			Change Addition
NAME Î			6.2 NA	MF	[

14. Thereby certify that the information supplied with this filling 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, o) on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

3/31/98 941-665-6941

FILED

Apr 01 1998 8:00am

Secretary of State