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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DÉPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000013687 (4)

LAKE WALES BUILDING TRADES CENTER, INC.

Principal Place of Business Mailing Address 107 W. ORANGE AVENUE 107 W. ORANGE AVENUE LAKE WALES FL 33853 LAKE WALES FL 33853 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/07/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3360334 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 26 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name MULBERRY, LORENCE H 448 N. 4TH STREET Street Address (P.O. Box Number is Not Acceptable) LAKE WALES FL 33853 63 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 lamillar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE						
Signature, typed or printed name of registered eyear and title if explicable. (NOTE: Registored Agent signature required when reinstating) DATE						
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF		ORS IN 12
TITLE	PD	DELETE	1.1 TITLE		☐ Chang	e 🔲 Addition
NAME	MULBERRY, LORENCE H		1.2 NAME			
STREET ADDRESS	446 N. 4TH STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WALES FL 33853		1.4 CITY - ST - ZIP		*	
TITLE	\$TD	DELETE	2.1 TITLE		☐ Chang	e 🔲 Addition
NAME	Mulberry, Ruth		2.2 NAME			
STREET ADDRESS	446 N. 4TH STREET		2.3 STREET ADDRESS		•	
CITY-\$T-ZIP	LAKE WALES FL 33853		2. 4 CITY - ST - ZIP			
TITLE	VPD	DELETE	3.1 TITLE		☐ Chang	e 🔲 Addition
NAME	MCCOLLOUGH, BOBBY		3.2 NAME			J
STREET ADDRESS	5154 VALENCIA STREET		3.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WALES FL 33853		3.4. CITY - ST - ZIP			
TITLE	VPD	DELETÉ	4.1 TITLE		Chang	Addition
NAME	Karg, Paul		4. 2 NAME			
STREET ADDRESS	218 BABSON DRIVE		4.3 STREET ADDRESS			ļ
CITY-ST-ZIP	BABSON PARK FL 32857		4.4 CITY-ST-ZIP			
TITLE		DELETE	51 TITLE		Chang	Addition
NAME			52 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			•
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELÉTE	6.1 TITLE		Chang	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	i		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.

941-671-2221

FILED

Feb 11 1998 8:00am

Secretary of State