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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **192108** **(9)**

1. Corporation Name
LANIER UPSHAW, INC.

Principal Place of Business	Mailing Address
1129 U S HIGHWAY 98 SOUTH P O BOX 468 LAKELAND FL 33802	1129 U S HIGHWAY 98 SOUTH P O BOX 468 LAKELAND FL 33802-0468

3. Date Incorporated or Qualified: 04/03/1956
3a. Date of Last Report: 04/04/1996
4. FEI Number: 59-0770252 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

BOVAY, CHARLES W
1129 U S HIGHWAY 98 SOUTH
LAKELAND, FL
33801

10. Name and Address of New Registered Agent

81 Name: BRUCE A. BULMAN
82 Street Address (P.O. Box Number is Not Acceptable): 1129 U.S. Hwy 98 South
83
84 City: LAKELAND, FL FL 85 Zip Code: 33801

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: [signature] 3/14/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CAMMANN, WILLIAM G.		1.2 NAME		
STREET ADDRESS	1129 US HWY 98 S		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 00000		1.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCFADDEN, ROGER L.		2.2 NAME		
STREET ADDRESS	1129 US HWY 98 S		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 00000		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DORMAN, WM. K., II		3.2 NAME		
STREET ADDRESS	1129 US HWY 98 SOUTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 00000		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	READ, JOHNNY M.		4.2 NAME		
STREET ADDRESS	1129 US HWY 98 SOUTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 00000		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JAMES C FRANKLIN, JR		5.2 NAME		
STREET ADDRESS	1129 US HWY 98 SO		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	6.1 TITLE	VSD	☒ Change ☐ Addition
NAME	RICHARD C MOTTERN		6.2 NAME	RICHARD C MOTTERN	
STREET ADDRESS	1129 US HWY 98 SO		6.3 STREET ADDRESS	1129 US WHY 98 SO	
CITY-ST-ZIP	LAKELAND FL		6.4 CITY-ST-ZIP	LAKELAND, FL	

CR2E034 (9/96)

14. I do 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: James C. Franklin, Jr. 3-13-97 941-686-2113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #