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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Mar 13 1998 8:00am Sagratory of State

	1998	DIVISION OF CO	PRPORATIONS		26	cieta	ιу ο	1 Sta	ale
DOCUMENT # P9600053394 (8) DICESARE, DAVIDSON & BARKER, P.A.									
Principal Place	e of Business	Mailing Address				IO DANS ODINI ODINI O	ANT BANK ANT	Y RELATED BEING BERNIN	4 8083 1884
5640 SOUTH F	FLORIDA AVE.	P.O. DRAWER 2278							
LAKELAND FL 33813		LAKELAND FL 33806				DO NOT WRIT	E IN THIS S	SPACE	
US		US			3. Date Incorpora				
					06/18/1996				
	ace of Businoss	2a. Mailing Address 26 P.O. BOX 7160			4. FEI Number	.=			plied For
Suite, Apt. #, etc.		26 1'.U. BOX 1160 Suite, Apt. #, etc.			59-338347			\$8.75 A	t Applicable
22	,	27			5. Certificate of St	atus Desired		Fee Re	
City & State)	City & State) FL		6. Election Campa			\$5.00	
Zip	Country	28 Lakeland	Country		Trust Fund Cor			Added t	
24	25	29 33807 3	li'e		8. This corporation Personal Prope	n owes or nas p irty Tax due Jun			angible No
	g. Name and Address of Curren				10. Name and Add				
BAF	RKER, HAROLD E		81 Name	Ц	arold F	F. R1	rker		
)				Addre	ss (P.O. Box Number	is Not Accepte			
SUITE 4			63	_5	040 S	, FLOK	ADM	AVE.	
LAKELAND FL 33809			L <u></u>						
			84 City	1_	AKELA	ND	FI	85 Zing	ぷ
11, Pursuani I	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	the above-named	corpo	ration submits this st	atement for the	purpose of	changing it	s registered
egent La	to the provisions of Sections 607.0502 egistered agent, or both, in the State m familiar with, and accept the obliga	of Horida. Such change was au itions of, Section 607.0505, Flori	morized by the corp da Statutes.	poratio	in's board of director	s. I nereby acc	ept the app	ointment as	registered
SIGNATURE									
12.	Signature, typed or printed name of registered agor OF FICERS AND		Registered Agent signature	required	when reinstaling) ADDITIONS/CHA	NGES TO OFF	DATE ICERS AND	DIRECTOR	S IN 12
TITLE	D	☐ DELETE	1.1 TITLE	T	71001101010101	THOSE TO OTT	IO ETIO TITLE	Change	Addition
NAME	BARKER, HAROLD E		1.2 NAME			0-1-	-Ta		
STREET ADDRESS	8547 PLANTATION RIDGE		1.3 STREET ADDRESS	110	9 Lake	Pointe	, ler	race	Į.
CITY-ST-ZIP	LAKELAND FL	1 000000	1.4 City-St-ZiP	<u></u>	akeland	, FL	3301	3	
TITLE	D DIOCOLDE DATE II	DEFELE	2.1 TITLE					☐ Change	☐ Addition
NAME Street address	DICESARE, PAT T II 2846 CHATSWORTH DR.		2.2 NAME 2.3 STREET ADDRESS						
CITY-ST-ZIP	LAKELAND FL 33813		2.4 CITY-ST-ZIP						
THLE	D	DELETE	3.1 TITLE				 	Change	Addition
NAME	DAVIDSON, E. TAYLOR		3.2 NAME	Ì					
STREET ADDRESS	705 EASTON DR.		3.3 STREET ADDRESS)
CITY-ST-ZIP	LAKELAND FL 33803	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE					Change	Addition
TITLE NAME		LJ ORIGIE	4. 2 NAME					C Change	L ADDITION !
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-S1-ZIP			4.4 CiTY-ST-ZIP						
TITLE		DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME	1					1
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP THLE		DELETE	5.4 CITY-ST-ZIP 61 TITLE	├				☐ Change	Addition
NAME		occere	62 NAME	1					
STREET ADORESS			6.3 STREET ADDRESS						
CITY-ST-ZIP			6.4 CITY-ST-ZIP						
14. I hereby o	ertily that the information supplied wi	th this filing does not qualify for	the exemption state	ed in S	ection 119.07(3)(i), F	lorida Statutes.	I further ce	rtify 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.