PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 108637**

1. Corporation	Name										
W.S. BADCOCK CORPORATION											
										<b>                                    </b>	
	•									8 4   4 8    48	
Principal Place of Business Mailing Address								4 100101 fract anges fante minat teres coar arans	AEBII DIQIL AIQI	1 81811 81811 1881	
200 NORTH PHOSPHATE BLVD 200 NORTH PHOSPHATE BLVD					D			• •			
			P. O. BOX 497					DO NOT WRITE IN THE OPACE			
MULBERRY FL 33860			MULBERRY FL 33860					DO NOT WRITE IN THIS SPACE			
	•							3. Date Incorporated or Qualifed			
								03/10/1926	т.,	Name of Fac	
2. Principal Pl	ace of Business	$\vdash$	Mailing Address					4. FEI Number		Applied For	
21 .		26	0 11 1 11 11 11					59-0152010	<del></del>	Not Applicable Additional	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certifcate of Status Desired	,	Required	
22	<u> </u>	27	City & State					6. Election Campaign Financing		0 May Be	
City & State		28	City & State.			_		Trust Fund Contribution	•	d to Fees	
<b>23</b>   Zip	Country		Zip	Cou	ntrv			8. This corporation owes the current year			
— ·		29	,p	30	,,,,			Personal Property Tax.	Yes	□No	
24 25 29 30  9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
					81	Name					
MEYER, JAMES R.						04		ss (P.O. Box Number is Not Acceptable)	<del></del>		
225			82 Street Addre			ss (P.O. Box Number is Not Acceptable)					
BARTOW FL 33830					83						
	·								05 7:-	p Code	
					84	City		F	L I I '	·	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida, Such change was authorized to the control of Section 507.0505. Florida Statutes, or Section 507.0505. Florida Statutes, or Section 507.0505.						e-named o	corpor	ration submits this statement for the purpose	of changing i	ts registered	
office or re	egistered agent, or both, in the State on familiar with, and accept the obligati	of Florida	a. Such change was a	authorized	by	the corpo	ration	is board of directors. I hereby accept the app	ointment as	registerea	
agent. i ai	n ramiliar with, and accept the obligati	10115 01, 1	Section 607.0303, 1 ii	onda otat	1103	•		,			
SIGNATURE	Signature, typed or printed name of registered agent	and title if	applicable. (NOT	E: Registered	Agen	it signature re	quired v	when reinstating) DATE			
12.	OFFICERS AND	DIREC	CTORS	13.				ADDITIONS/CHANGES TO OFFICERS			
TITLE	P		□ DELETE	1.1 TI	ΠE		$\mathcal{C}_{I}$	/V/D	<b>⊠</b> Chang	e	
NAME	BADCOCK, BEN M.			1.2 N	<b>AME</b>						
STREET ADDRESS	2820 OAKLAND AVE	•		1.3 \$1	REET	ADDRESS					
CITY-ST-ZIP	LAKELAND FL ~			, 1.4 CI	1.4 CITY-ST-ZIP				1/a:		
TITLE	VP	☐ DELETE 2.1		2.1 Ti	ΓLE		W	/0	☐ Change	e	
NAME	BADCOCK, HENRY C	BADCOCK, HENRY C 221			AME	Ì	•	1 -			
STREET ADDRESS					TREET	raddress					
CITY-ST-ZIP					my-s	T-ZIP					
TITLE -	AS DELETE 3.1			3.1·TI	ΠE	- ·		والمنسية والمساوية	☐ Chang	e · 🗌 Addition	
NAME	BAGGETT, PATRICK C.			3.2 N	AME					1	
STREET ADORESS	2242 PALMVIEW CIR W.			3.3 ST	REET	TADDRESS					
CITY-ST-ZIP	AUBURNDALE FL			3.4. C	ITY-S	T-ZIP					
TITLE	VSD		☐ DELETE	4.1 Ti	T/E	1	IV.	/s/D	<b>Chang</b>	e Addition	
NAME	BADCOCK, WOGAN S., III			4. 2 N	AME	1	•	•			
STREET ADDRESS	3529 CREWS LAKE DR.			4.3 S	REE	TADORESS					
CITY-ST-ZIP	LAKELAND FL			4.4 C		T-ZIP			<del>OD</del> /or		
TITLE	VP		☐ DELETE	5.1 Π		1	V		(Chang	e	
NAME	PRICE, MICHAEL J			5.2 N		1	-			ł	
STREET ADDRESS	2544 CREWS LAKE HILL LOOP	N				ADDRESS				}	
CITY-ST-ZIP	LAKELAND FL 33813			5.4 CI						A distant	
TITLE	<del></del> -	•	☐ DELETE	6.1 TI			P/D	) was all	Chang	e XAddition	
NAME				6.2 N	AME		Ma	IVKS, Donald C.			

STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADDRESS

(ACITY-ST-ZIP

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 enrival 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 or an attachment with an adgress, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99 (941)425-492

Mar 11, 1999 8:00 am Secretary of State

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