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

STREET ADDRESS

CITY-ST-ZIP

**FILED PROFIT** Apr 22 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)194942 ROSS OF FLORIDA INC Mailing Address Principal Place of Business 2765 US HWY 92 W 2765 US HWY 92 W PO BOX 1029 LAKELAND FL 33802 PO BOX 1029 DO NOT WRITE IN THIS SPACE LAKELAND FL 33802 3. Date Incorporated or Qualified 07/09/1950 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable 59-0773360 21 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country 8. This corporation owes or has paid the current year Intangible Zip Country Zip Personal Property Tax due June 30. 24 25 29 30 e. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 HIATT; DAVID D 2765 U.S. HWY. 92 WEST Street Address (P.O. Box Number is Not Acceptable) 2765 US HWY 92W 83 LAKELAND FL 33801 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 familiar with, and accept the spligations of, Section 607.0506. Florida Statutes. **SIGNATURE** ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE NAME MAYO, JOSEPH A. 1.2 NAME STREET ADDRESS 2765 US HWY 92W 1.3 STREET ADDRESS LAKELAND FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE PD 2.2 NAME HIATT, DAVID D. 2765 US HWY 92W 2.3 STREET ADDRESS STREET ADDRESS akeland fl 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 62 NAME NAME

14. Thereby 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 em 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 address.

**6.3 STREET ADDRESS** 

6.4 CITY - ST - ZIP