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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name 216178

(4)

MUTUAL FENCE COMPANY INC

Principal Place of Business

2710 S COMBEE RD

Mailing Address

2710 S COMBEE RD

**FILED** Feb 23 1998 8:00am Secretary of State



LAKELANO FL 33803-7384 US		LAKELAND FL 33803-7384 US			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					09/01/1958		
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-0842189	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
City & State		27 City & State				Fee Required	
<b>—</b> ·	9	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
<b>23</b> Zip	Country	Zip Country				Added to Fees	
24	25	29	30	our it.	8. This corporation owes or has paid the curr Personal Property Tax due June 30.	Yes No	
g. Name and Address of Current Registered Agent				1	10. Name and Address of New Registered A		
KELBY, JEROME H				81 Name		-	
4727 VALLEY HILL COURT				82 Street A	Address (P.O. Box Number is Not Acceptable)		
LAKELAND FL 33813				Sileer /	Address (F.O. Box Number is Not Acceptable)		
- "				83			
				84 City		85 Zip Code	
					FL		
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, typed or printed name of registered agent and tille ill applicable. (NOTE: Registered Agent signature required when reinstating). DATE							
	Signature, typed or printed name of registered age OFFICERS AN					DIDECTODO IN 40	
12.	VTD	DELI	13 TE 11	TITLE	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition	
NAME	KELBY, JEROME H			NAME	•		
STREET ADDRESS	4727 VALLEY HILL COURT			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL		1	CITY-ST-ZIP			
TITLE	PSD	DELI		TITLE		Change Addition	
NAME	KELBY, JEFFREY F.		2.2	NAME			
STREET ADDRESS	6683 TRAIL RIDGE RD.		2.3	STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL		2.4	1 CITY-ST-ZIP			
TITLE		☐ DELI	TE 3.1	TITLE	· · ·	Change Addition	
NAME			3.2	NAME			
STREET ADDRESS			3.3	STREET ADDRESS			
CITY-ST-ZIP				. CITY-ST-ZIP			
TITLE		☐ DELI	TE 4,1	TITLE		Change Addition	
NAME			4. 2	NAME			
STREET ADDRESS			4.3	STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ DELI		TITLE	l	Change Addition	
NAME				NAME			
STREET ADDRESS			5.3	STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP		300	
TITLE		☐ DELE	-	TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME			I	NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP		····	6.4	CITY-ST-ZIP	·		

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 empoyered 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.

2/10/00