, FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT CORPORATION** Sandra B. Mortham **ANNUAL REPORT**

, , ,	1998	6/4	C C	IVISION OF CO		IONS	Sec	cretary	of S	State
DOCU 1, Corporation		# 2755		(1)						
I OLIV I	OHII WI	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	O INO							
Principal Plac	e of Busines	s	Mailing Add	Iress			T (D D I I E 3 I D I I 1 E D D I D I I D I I	ATTRI ATTRI BITT ATTRI ETA		
734 SOUTH COMBEE ROAD LAKELAND FL 33801				734 SOUTH COMBEE ROAD LAKELAND FL 33801				IOT WRITE IN THIS	SPACE	
							3. Date Incorporated or	Qualified		
2. Principal P	Place of Busin	1088	2a. Mailing	2a. Mailing Address			11/20/1963 4. FEI Number		I Ai	pplied For
21			26	H=1 "			59-1027119) +- :	ot Applicable
Suite, Apt. #, etc.			— <u> </u>	Suite, Apt. #, etc.			5, Certificate of Status D	Desired		Additional
City & State				City & State						equired
23			28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip		Country	Zip		Countr	у	8. This corporation owes			
24		25 Address of C	29 Current Registered Age		90		Personal Property Tax 10. Name and Address			_] No
QII	TTON, R R				81	Name	··			
734 SOUTH COMBEE RD					82	Street A	SUTTON, KR ddress (P.O. Box Number is No	t Acceptable)		
LAKELAND FL 33801					83				······	
					0.3	'				
					84	City		FI	85 Zip	Code
11. Pursuant	to the provis	ions of Sections 60	07.0502 and 607.1508,	Florida Sta tutes	s, the abov	/e-named o	corporation submits this stateme	ot for the purpose of	of changing i	ts registered
office or i agent. La	registered ag am la miliar wi	ont or both, in the th, and accept the	obligations of, Section	change was au 607.0505, Flori	inorizea b ida Statute	y the corp is.	oration's board of directors. The	геру ассері іпе ар	pointment as	registerea
SIGNATURE	al s	Lei	oled agent and title if applicable				resident	02/03/	/98	 .
12.	Signature, typed	OFFICER	eled agent and title if applicable	[NOTE:	13.	jent signature r	equired when rainstating) ADDITIONS/CHANGES			RS IN 12
TITLE	VSD	· · · · ·		DELETE	1.1 TITLE				☐ Change	Addition
NAME	DAVIS, S				1.2 NAME					
STREET ADDRESS		OMBEE ROAD			1.3 STREE	T ADDRESS				
CITY-ST-ZIP		ND, FL 00000		DELETE	1.4 CITY-:	ST-ZIP			T 1 (hanna	Addition
TITLE NAME	VPD	TER, E O JR	Ĺ] DELETE	21 TITLE 22 NAME				Change	☐ Addition
STREET ADDRESS		OMBEE ROAD				T ADDRESS				
CITY-ST-ZIP		ND, FL 00000			2. 4 CITY-					
TITLE	CD			DELETE	3.1 TITLE				Change	Addition
NAME		TER, E O			3.2 NAME					
STREET ADDRESS	I	OMBEE ROAD			3.3 STREE	T ADDRESS				
CITY-ST-ZIP		ND, FL 00000		DELETE	3.4. CITY -	ST-ZIP			Change	☐ Addition
TITLE	PD		L		4.1 TITLE				L Cuarine	L MODITION
NAME Street address		מעו			4 2 515445					
DIRECT ADDRESS	SUTTON				4. 2 NAME					
CITY ST. 7IP	734 S C	OMBEE ROAD			4.3 STREE	T ADDRESS				
CITY-ST-ZIP TITLE	734 S C LAKELAI		X	X DELETE		T ADDRESS	VT		☐ Change	Addition
	734 S C LAKELAI VTD	OMBEE ROAD	X	X DELET E	4.3 STREE	T ADDRESS ST-ZIP	GAINES, KAREN L		☐ Change	XX Addition
TITLE	734 S C LAKELAI VTD CLARIDY 734 S C	OMBEE ROAD ND, FL 00000 , JEANETTE OMBEE ROAD	X	X DELETE	4.3 STREE 4.4 CITY - 5 5.1 TITLE 5.2 NAME	T ADDRESS ST-ZIP	GAINES, KAREN L 734 S COMBEE ROAL		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	734 S C LAKELAI VTD CLARIDY 734 S C	OMBEE ROAD ND, FL 00000 ', JEANETTE			4.3 STREE 4.4 CITY - 5 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY - 3	T ADDRESS ST-ZIP T ADDRESS	GAINES, KAREN L			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	734 S C LAKELAI VTD CLARIDY 734 S C	OMBEE ROAD ND, FL 00000 , JEANETTE OMBEE ROAD		X DELETE	4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-5 6.1 TITLE	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	GAINES, KAREN L 734 S COMBEE ROAL		☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	734 S C LAKELAI VTD CLARIDY 734 S C	OMBEE ROAD ND, FL 00000 , JEANETTE OMBEE ROAD			4.3 STREE 4.4 CITY - 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY - 3 6.1 TITLE 6.2 NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	GAINES, KAREN L 734 S COMBEE ROAL			

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 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, 55 on an attachment with an address.

02/03/98

(941) 665-6161

FILED

Feb 09 1998 8:00am