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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

rincipal Place of Business	Mailing Address		
814 S FLORIDA AVE LAKELAND FL 33801	814 \$ FLORIDA AVE LAKELAND FL 33801		
2. Principal Place of Business	2a. Mailing Address		
- i	2a. Mailing Address 26 Suite, Apt. #, etc.		
21	26		

FILED Apr 23 1998 8:00am Secretary of State



814 S FLORIDA AVE LAKELAND FL 33801		814 S FLORIDA AVE LAKELAND FL 33801		DO NOT WRITE IN THIS	SPACE			
					3. Date Incorporated or Qualified			
					04/26/1972			
2. Principal Place of Business 2a, Mailing Address				4. FEI Number	Ap	plied For		
21 2		26			00 00000		t Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing	\$5.00		
23		28	Countr		Trust Fund Contribution	Added t		
Zip	Country 25	Ζφ 29	30	y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24 25 29 30 30 9 Name and Address of Current Registered Agent			301	10. Name and Address of New Registered Agent				
				81 Name				
814 S FLORIDA AVE			R2	82 Street Address (P.O. Box Number is Not Acceptable)				
LAKELAND FL 33801								
			63					
			84	/	F	- :	ŀ	
11. Pursuant to	o the provisions of Sections 607.0	1502 and 607.1508, Florida Statute	s, the above	re-named cor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing it	s registered registered	
agent Lar	n familiar with, and accept the ob	ligations of Section 607.0505, Flor	ida Statute	S.	ations board or directors. Thereby decept the sp	Sportarion as	- Vg/cisico	
SIGNATURE.								
····	Signature, typod or printed name of registered	agent and title 4 approable (NOTE NOTE DIRECTORS	Registered Ap	ent signature requ	DATE ADDITIONS/CHANGES TO OFFICERS AT	UD DIRECTOR	S IN 12	
12.	PD	DELETE 1.1			ADDITIONS/GHANGES TO GITTOETIS AL	Change	Addition	
NAME	HARWELL SR.D K		1.2 NAME					
STREET ADDRESS	814 S FLORIDA AVE	· · · · · · · · · · · · · · · · · · ·		T ADDRESS				
CITY-ST-ZIP	LAKELAND FL			ST-ZIP			<u>.</u>	
TITLE	D	DELETE 2				Change	☐ Addition	
NAME	HARWELL,GLENN M 2.		2.2 NAME					
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		2 3 STAFE	t address				
CITY - \$1 - ZIP				ST-ZIP		Change	Addition	
TITLE	4 5		3.1 Iffle			unange	MODEOU	
NAME	Individual original transfer or the second o		3.2 NAME	1 ADDRESS				
STREET ADDRESS				SI-ZIP				
CITY-SI-ZIP TITLE			4 1 TITLE	21-71		Change	☐ Addition	
NAME	_		4 2 NAMI					
STREET ADDRESS			4 3 STREE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-	S1-ZIP				
TITLE	DELETE 5.1		5.1 TITLE			Change	Addition	
NAME			5.2 NAME	1				
STREET ADDRESS			•	1 ADDRESS				
CHY-ST-ZIP		T DOLLT	5.4 CITY-	ST-ZIP		Change	Addition	
TITLE		☐ DELETE	6.1 TITLE			☐ onange		
NAME			6.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			6.4 CITY -	ST-ZIP				

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 frustee 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.

SIGNATURE:

DIKIHARWELL, SR LOK Harwell 12 H-16-98