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

PROFIT. CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Principal Place of Business	Mailing Address	
3730 NEW TAMPA HWY LAKELAND FL 33815 US	3730 NEW TAMPA HWY LAKELAND FL 33801	
2. Principal Place of Business	2a. Mailing Address	
21	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
22 City & State	City & State	
23	28	
Zip Country	Zip	Country
24 25	29	30

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90029 027 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

□No

Fee Required \$5.00 May Be

Added to Fees

Yes

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

10/17/1972 4. FEI Number

59-1419729

SEG 3730 NEW TAMPA HIGHWAY FROM COMMON TO SE		82	Street Address (P.O. Box Number is Not Acceptable)						
LAKELAND, FL		83	্ষ্ঠ কৰে। বাং এই প্ৰত্যা কৰিব কৰি বাংলা কৰিব কৰা বাংলা কৰিব কৰিব কৰিব কৰিব কৰিব কৰিব কৰিব কৰিব						
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10 2 3.1	in programa. No contras o no compaño e movembro e en el elemento de la compaño e el elemento de la compaño e el elemento de	84	City		and the familiar	□ 85 Zip (Code		
45. Tapica Sign	to the provisions of Sections 607 0502 and 607 1508. Florida Statutes	the shove	-named d	cornoration submits this state	ment for the num	ose of changing its	registered		
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 of 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 a	m familiar with, and accept the obligations of, Section 607.0505, Florid	a Statutes.							
SIGNATURE	NOTE D					ATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12									
TITLE	P DELETE	1.1 TITLE		35 m (* 199	,	Change	Addition		
NAME	GARD, MARK J.	1.2 NAME		2 * 4 k · · · · · · · · · · ·		_ •	_		
STREET ADDRESS	5925 SPRING LAKE DEVL	1.3 STREET	ADDRESS				•		
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST				•	•		
TITLE`	ST DELETE	2.1 TITLE	- 2.11			☐ Change	☐ Addition		
NAME	BUTLER, R. MICHAEL	2.2 NAME				_ ,			
STREET ADDRESS	FOOD I AVE SUBJANA CID	2.3 STREET	ADORESS				,		
CITY-ST-ZIP	LAKELAND, FL 00000	2.4 CITY-ST		•					
TITLE	.C □ DELETE	3.1 TITLE				Change	Addition		
NAME TO S	REGISTER, LESTER D. JR.	3.2 NAME			•	. – -			
STREET ADDRESS	830 WEDGERWOOD LN	3.3 STREET	ADDRESS		rior stance graden	THE SITE OF LIGHT	515 c p. 37, 15 34		
CITY-ST-ZIP	LAKELAND, FL 00000	3.4. CITY-ST			The state of the				
TITLE	DELETE	4.1 TITLE			TF 2 3 1 1 1 1	□ Chanĝe	Addition		
NAME		4. 2 NAME					·		
STREET ADORESS		4.3 STREET	ADDRESS		4	• .			
CITY-ST-ZIP		4,4 CITY-ST-	-ZIP						
TITLE	□ DÉLETE	5.1 TITLE				Change	Addition		
NAME ·		5.2 NAME		10 10 10 10 10 10 10 10 10 10 10 10 10 1		1.5			
STREET ADDRESS		5.3 STREET	ADDRESS						
CITY-ST-ZIP		5.4 CITY-ST-	-ZIP	"et."					
TITLE	CONCRA, CONCRA DELETE	6.1 TITLE				☐ Change	☐ Addition		
NAME	5925 NAMO 1 1 1 1/1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6.2 NAME		•			}		
STREET ADDRESS	LAREARDE	6.3 STREET	ADDRESS						
CITY-ST-ZIP		6.4 CITY-ST-	ZIP						
	ertify that the information supplied with this filing does not qualify for th	e exemptio	n stated	in Section 119.07(3)(i), Florid	la Statutes. I furth	er certify that the i	nformation		

e empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address, with all other like empowered.