FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

430609

(8)

DOCUMENT # 1. Corporation Name 1902 CORPORATION

Principal Place of Business

Mailing Address



1032 S FLORIDA AVE(338031118) P O BOX 2416 LAKELAND FL 33806-9416			1032 S FLORIDA AVE(339031118) P O BOX 2416 LAKELAND FL 33806-9416										
							3. Date incomposated or Qualified 3a. Date of Last Report 02/27/1995			Report 1 995			
2. Principal Place of Business 2a 21 26				i. Mailing Address					4.	59-1481438	. 4	Ţ	Applied For
Suite, Apt. #, etc.				Suite, Apt. #, etc.				 -	Certificate of Status Desired		\$8.	Not Applicable 75 Additional	
22 27 City & State				City & State					. Election Campaign Financing			e Required	
23										Trust Fund Contribution			.00 May Be ded to Fees
24	Country 25 29			Zip	30				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ✓ Yes ✓ No				
	and Address of Curi	1	····		10.). Name and Address of New R		Agent					
RENAU	D, JOHN J.,	81 Na			ame								
839 SU	CCESS AVE		82 Street Ad			reet Addre	ess (F	P.O. Box Number is Not Acceptab	le)				
LAKELAND FL 33801				ŀ			-					····	
				-		84	Ci					1T	
11 Pursuant t	o the provisio	on of Continue COZ OF	60	5756875		1 1	l	-			FL		Zip Code
or register	ed agent, or b	oth, in the State of Flo	oz and 60 orida. Such	7.1508, Florida S 1 change was aut	statutes, the ab thorized by the	ove-n	name orat	ed corpora on's board	tion s of di	submits this statement for the pur directors. I hereby accept the appo	oose of cha	nging it	s registered office
SIGNATURE .	an and becope	coro congritoris or, de	CROH 6(17,	Ubub, Florida Sta	itutes.							5	ou ago. n. Tom
	Signature, typed o	printed name of registered ag			(NOTE: Register	ud Agen	it sign	ature required :	when re	reinstaling)	DATE		
12.	TSTD	OFFICERS A	ND DIREC		13					ADDITIONS/CHANGES TO OFFI		DIREC	TOBS IN 12
TITLE		, JOHN J., JR.		☐ DELETE	1.1	TITLE) Chang	
NAME STREET ADDRESS	839 SUC	CESS AVENUE			1.2	NAME	ĺ						
CITY-ST-ZIP	LAKELAN			1.3	STREET.	ADDF	ESS						
111LE	VD			DELETE		CITY-S	1 - ZIP						
NAME	KLUSZA,	RICHARD G.		m peretie	I	TITLE) Changi	e Addition
STREET ADDRESS	1340 EAS	Ston Dr.	235		NAME								
CITY-ST-ZIP	LAKELAN	ID FL			2.3 STREET ADDRESS		ESS						
TITLE	PD		F			2 4 CITY - ST - ZIP 3 1 TITLE							
NAME	WHEELE	r, william H.				NAME					L] Change	Addition
STREET ADDRESS		TEND CRESCENT	3.3. S		3.3. STREET ADDRESS 3.4 CITY- ST- ZIP		ecc.						
CITY - S1 - ZIP	LAKELAN	IV FL										1	
TITLE				DELETE.		TITLE	211] Change	- Fl Addition
NAME						AME		ĺ			L.	j Oriange	Addition
STREET ADDRESS					4.3 9	STREET A	ADDR	FSS					
CITY-ST-ZIP						AY-ST							1
TITLE				DELETE	5. 1							Change	Addition
NAME					5.2 M	IAME					L	, onange	7.03.((6))
STREET ADDRESS					5.3 \$	TREET A	ADDRI	:ss					
CITY-ST-ZIP					540	HY-SI	- ZIP						
TITLE				DELETE	6.1	IIILE					<u> </u>	Change	Addition
NAME					62 N	AME							
STREET ADDRESS					638	TREET A	ADDRE	ss					
CITY-ST-ZIP 64 CITY- 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and dor													
- CO HEIGHY	contract the	e ii iiormalion suppliod	: with this f	iling is voluntarily.	furnished and	does	not	qualify for:	tha a	evocation atated in Deal and 440 of	7 (21) (1)		

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SEC. TREA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-96 941-688-7994 Cate Daytime Phone #