

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 430609 (8)**  
1. Corporation Name  
**1902 CORPORATION**



Principal Place of Business: **1032 S FLORIDA AVE(338031118) P O BOX 2416 LAKELAND FL 33806-9416**  
Mailing Address: **1032 S FLORIDA AVE(338031118) P O BOX 2416 LAKELAND FL 33806-9416**

3. Date Incorporated or Qualified: **07/16/1973**      3a. Date of Last Report: **02/27/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **59-1481438**      Applied For:  Not Applicable:   
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **RENAUD, JOHN J., JR. 839 SUCCESS AVENUE LAKELAND FL 33801**  
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, Zip Code.

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>STD</b>	NAME: <b>RENAUD, JOHN J., JR.</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>839 SUCCESS AVENUE</b>	CITY-ST-ZIP: <b>LAKELAND FL</b>	1.2 NAME	
TITLE: <b>VD</b>	NAME: <b>KLUSZA, RICHARD G.</b>	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>1340 EASTON DR.</b>	CITY-ST-ZIP: <b>LAKELAND FL</b>	1.4 CITY-ST-ZIP	
TITLE: <b>PD</b>	NAME: <b>WHEELER, WILLIAM H.</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>716 WESTEND CRESCENT</b>	CITY-ST-ZIP: <b>LAKELAND FL</b>	2.2 NAME	
TITLE: _____	NAME: _____	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	2.4 CITY-ST-ZIP	
TITLE: _____	NAME: _____	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	3.2 NAME	
TITLE: _____	NAME: _____	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	3.4 CITY-ST-ZIP	
TITLE: _____	NAME: _____	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	4.2 NAME	
TITLE: _____	NAME: _____	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	4.4 CITY-ST-ZIP	
TITLE: _____	NAME: _____	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	5.2 NAME	
TITLE: _____	NAME: _____	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	5.4 CITY-ST-ZIP	
TITLE: _____	NAME: _____	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	6.2 NAME	
TITLE: _____	NAME: _____	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, or on an attachment with an address.

SIGNATURE: *John J. Renaud Jr.*      SEC-TREA      5-3-96      941-688-7994  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (12/95)