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FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90064 006 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 430609

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1973

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 6315 SILVER LAKES DR

Suite, Apt. #, etc.

22 City & State

23 LAKELAND, FL

Zip Country

24 33810

25

2a. Mailing Address

26 6315 SILVER LAKES DRIVE E

Suite, Apt. #, etc.

27 City & State

28 LAKELAND, FL

Zip Country

29 33810

30

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 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 6315 SILVER LAKES DRIVE EAST

84 City LAKELAND

FL

85 Zip Code

33810

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME STD  
STREET ADDRESS RENAUD, JOHN J., JR.  
CITY-ST-ZIP 839 SUCCESS AVENUE  
LAKELAND FL

TITLE ☐ DELETE

NAME VD  
STREET ADDRESS KLUSZA, RICHARD G.  
CITY-ST-ZIP 1340 EASTON DR.  
LAKELAND FL

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS WHEELER, WILLIAM H.  
CITY-ST-ZIP 716 WESTEND CRESCENT  
LAKELAND FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 6315 SILVER LAKES DRIVE EAST  
1.4 CITY-ST-ZIP LAKELAND, FL 33810

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: John J. Renaud Jr - JOHN J. RENAUD JR 1-5-99 (941) 859-9631  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SEC-TREA  
Date Daytime Phone #

CR2E034 (1/198)