

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

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

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

0453939

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> 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

2. Principal Place of Business 21 <b>6315 SILVER LAKES DR</b> Suite, Apt. #, etc. 22 City & State 23 <b>LAKELAND, FL</b> Zip Country 24 <b>33810</b> 25	2a. Mailing Address 26 <b>6315 SILVER LAKES DRIVE E</b> Suite, Apt. #, etc. 27 City & State 28 <b>LAKELAND, FL</b> Zip Country 29 <b>33810</b> 30
--	--

3. Date Incorporated or Qualified <b>07/16/1973</b>	Applied For Not Applicable
4. FEI Number <b>59-1481438</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>6315 SILVER LAKES DRIVE EAST</b>
83	
84 City <b>LAKELAND</b>	FL 85 Zip Code <b>33810</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	<b>RENAUD, JOHN J., JR.</b>	
STREET ADDRESS	<b>839 SUCCESS AVENUE</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>KLUSZA, RICHARD G.</b>	
STREET ADDRESS	<b>1340 EASTON DR.</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>WHEELER, WILLIAM H.</b>	
STREET ADDRESS	<b>716 WESTEND CRESCENT</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>6315 SILVER LAKES DRIVE EAST</b>
1.4 CITY-ST-ZIP	<b>LAKELAND, FL 33810</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)