

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **505429** (1)
1. Corporation Name
R. CLINE, INC.



Principal Place of Business: **1010 JORDAN ROAD LAKELAND FL 33811-1510**
Mailing Address: **1010 JORDAN ROAD LAKELAND FL 33811-1510**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 State, Apt. #, etc.	26 State, Apt. #, etc.	06/17/1976	04/03/1995
22 City & State	27 City & State	4. FEI Number	Applied For / Not Applicable
23 Zip	28 Zip	59-1678566	<input type="checkbox"/> Applied For / <input type="checkbox"/> Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30 Country	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		<input type="checkbox"/>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes / <input type="checkbox"/> No
		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent		81 Name	BARBARA A. SANDERS	
CLINE, RICHARD 1010 JORDAN ROAD LAKELAND FL 33803		82 Street Address (P.O. Box Number is Not Acceptable)	SAME	
		83 City	85 Zip Code	FL
		84 City		

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above named corporation makes 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 607.0503, Florida Statutes.

SIGNATURE: *Barbara A Sanders* **Barbara A Sanders** DATE: **3-19-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	NAME	TITLE	NAME
P	CLINE, RICHARD DECEASED 2/19/95	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	1010 JORDAN ROAD LAKELAND FL	12 NAME	
CITY-ST-ZIP		13 STREET ADDRESS	
TITLE	S	14 CITY-ST-ZIP	P. D
NAME	SANDERS, BARBARA A.	21 TITLE	<input checked="" type="checkbox"/> Change / <input type="checkbox"/> Addition
STREET ADDRESS	4302 SPRING LN LAKELAND FL	22 NAME	
CITY-ST-ZIP		23 STREET ADDRESS	
TITLE	R. NEAL CLINE	24 CITY-ST-ZIP	V. P
NAME	1010 JORDAN RD LAKELAND, FL 33803	31 TITLE	<input type="checkbox"/> Change / <input checked="" type="checkbox"/> Addition
STREET ADDRESS		32 NAME	
CITY-ST-ZIP		33 STREET ADDRESS	
TITLE		34 CITY-ST-ZIP	<input type="checkbox"/> Change / <input type="checkbox"/> Addition
NAME		41 TITLE	
STREET ADDRESS		42 NAME	
CITY-ST-ZIP		43 STREET ADDRESS	600001772536
TITLE		44 CITY-ST-ZIP	04/08/96-01060-01
NAME		51 TITLE	***200.00
STREET ADDRESS		52 NAME	<input type="checkbox"/> Change / <input type="checkbox"/> Addition
CITY-ST-ZIP		53 STREET ADDRESS	
TITLE		54 CITY-ST-ZIP	<input type="checkbox"/> Change / <input type="checkbox"/> Addition
NAME		61 TITLE	
STREET ADDRESS		62 NAME	
CITY-ST-ZIP		63 STREET ADDRESS	
TITLE		64 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 or changed, or on an attachment with an address.

SIGNATURE: *Barbara A Sanders* DATE: **3-19-96** REGISTERED OFFICER OR DIRECTOR: **941-646-4098**
SC-1-8-96

CR2E034 (12/95)