MAY 1ST IS \$550.00

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90088 011 ***150.00

	MENI # 596889)		•	
i. Corporation	OMPANY, INC.				
DNIC	ONITAINT, INC.			E CORECT DELLO CONTROL DELLO CONTROL DELLO CONTROL DELLO CONTROL DELLO CONTROL	I DIDIR DIDIR BIDIR BIDIR IBDI
				п	
Principal Place	e of Business	Mailing Address		2 E 100487 BILLIO LUILU OLIGUS LUIDI TOLLO JULI OLOJI BIDI.	f Bibli bibli bibli bibli 1001
730 CREATIVE	DR LINIT 4	730 CREATIVE DR UNIT 4			
PO-BOX 6236 (ZIP-33807)		PO BOX 6236 (ZIP 33807)		DO NOT WRITE IN THIS SI	DACE
LAKELAND FL 33813		LAKELAND FL 33813-4908 US		3. Date Incorporated or Qualifed	
		ŲS		12/05/1978	
2 Principal P	lace of Business	2a. Mailing Address		4. IFEI Number	Applied For
21	lade of Eddingo	26		59-1867956	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State	· ·	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intan-	gible ∐Yes ∐No
24	25		30	Personal Property Tax. 10. Name and Address of New Registered Ag	i
	9. Name and Address of Curre	ut Kedizteren Adeur	81 Name	IV. Hallie and Address of New Tregistation Ag	
TOD	D, HENRY E				
	TRAIL RIDGE DRIVE		82 Street Add	Address (P.O. Box Number is Not Acceptable)	
LAKI	ELAND FL 33813	,	83		
		}	01 07		85 Zip Code
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose of ch on's board of directors. I hereby accept the appointment	anging its registered
office or r	edictored agent or both in the State				
agent I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statutes.	ion's board of directors. Thereby accept the appoint	non do regiona
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statutes.		
SIGNATURE	m familiar with, and accept the obligation of th	ations of, Section 607.0505, Flori ent and title if applicable. (NOTE:	ida Statutes. Registered Agent signature require	ad when reinstating)	
SIGNATURE	m familiar with, and accept the obligation of registered age OFFICERS Af	ations of, Section 607.0505, Flori ant and title if applicable (NOTE: ND DIRECTORS	Registered Agent signature require	ad when reinstating)	DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS Af	ations of, Section 607.0505, Flori ent and title if applicable. (NOTE:	Registered Agent signature require 13. 1.1 TITLE	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS At STD TODD, BESSIE N	ations of, Section 607.0505, Flori ant and title if applicable (NOTE: ND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	ad when reinstating)	DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AT STD TODD, BESSIE N 6802 TRAIL RIDGE DR	ations of, Section 607.0505, Flori ant and title if applicable (NOTE: ND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ad when reinstating)	DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS At STD TODD, BESSIE N	ations of, Section 607.0505, Flori ant and title if applicable (NOTE: ND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AT STD TODD, BESSIE N 6802 TRAIL RIDGE DR LAKELAND FL PD	ations of, Section 607.0505, Flori ent and title if applicable (NOTE: ND DIRECTORS	ida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AT STD TODD, BESSIE N 6802 TRAIL RIDGE DR LAKELAND FL	ations of, Section 607.0505, Flori ent and title if applicable (NOTE: ND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AT STD TODD, BESSIE N 6802 TRAIL RIDGE DR LAKELAND FL PD TODD, HENRY E	ations of, Section 607.0505, Flori ent and title if applicable (NOTE: ND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AT STD TODD, BESSIE N 6802 TRAIL RIDGE DR LAKELAND FL PD TODD, HENRY E 6802 TRAIL RIDGE DRIVE	ations of, Section 607.0505, Flori ent and title if applicable (NOTE: ND DIRECTORS	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ad when reinstating); DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AT STD TODD, BESSIE N 6802 TRAIL RIDGE DR LAKELAND FL PD TODD, HENRY E 6802 TRAIL RIDGE DRIVE	ations of, Section 607.0505, Flori ent and title if applicable (NOTE: ND DIRECTORS DELETE	Table Tabl	ad when reinstating); DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AT STD TODD, BESSIE N 6802 TRAIL RIDGE DR LAKELAND FL PD TODD, HENRY E 6802 TRAIL RIDGE DRIVE LAKELAND FL	ations of, Section 607.0505, Flori ent and title if applicable (NOTE: ND DIRECTORS DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AT STD TODD, BESSIE N 6802 TRAIL RIDGE DR LAKELAND FL PD TODD, HENRY E 6802 TRAIL RIDGE DRIVE	ations of, Section 607.0505, Flori ent and title if applicable (NOTE: ND DIRECTORS DELETE DELETE	Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AT STD TODD, BESSIE N 6802 TRAIL RIDGE DR LAKELAND FL PD TODD, HENRY E 6802 TRAIL RIDGE DRIVE LAKELAND FL	ations of, Section 607.0505, Flori ent and title if applicable (NOTE: ND DIRECTORS DELETE	TITILE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 4.1 CITY-ST-ZIP 3.1 TITLE 4.1 TITLE 4.1 TITLE	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AT STD TODD, BESSIE N 6802 TRAIL RIDGE DR LAKELAND FL PD TODD, HENRY E 6802 TRAIL RIDGE DRIVE LAKELAND FL	ations of, Section 607.0505, Flori ent and title if applicable (NOTE: ND DIRECTORS DELETE DELETE	Table 1 Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AT STD TODD, BESSIE N 6802 TRAIL RIDGE DR LAKELAND FL PD TODD, HENRY E 6802 TRAIL RIDGE DRIVE LAKELAND FL	ations of, Section 607.0505, Flori ent and title if applicable (NOTE: ND DIRECTORS DELETE DELETE	Table 1 Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition Change Addition
Agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AT STD TODD, BESSIE N 6802 TRAIL RIDGE DR LAKELAND FL PD TODD, HENRY E 6802 TRAIL RIDGE DRIVE LAKELAND FL	ations of, Section 607.0505, Florient and title if applicable (NOTE: ND DIRECTORS DELETE DELETE	TITILE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
Agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AT STD TODD, BESSIE N 6802 TRAIL RIDGE DR LAKELAND FL PD TODD, HENRY E 6802 TRAIL RIDGE DRIVE LAKELAND FL	ations of, Section 607.0505, Flori ent and title if applicable (NOTE: ND DIRECTORS DELETE DELETE	Table 1 Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition Change Addition
Agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AT STD TODD, BESSIE N 6802 TRAIL RIDGE DR LAKELAND FL PD TODD, HENRY E 6802 TRAIL RIDGE DRIVE LAKELAND FL	ations of, Section 607.0505, Florient and title if applicable (NOTE: ND DIRECTORS DELETE DELETE	TITILE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
Agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AT STD TODD, BESSIE N 6802 TRAIL RIDGE DR LAKELAND FL PD TODD, HENRY E 6802 TRAIL RIDGE DRIVE LAKELAND FL	ations of, Section 607.0505, Florient and title if applicable (NOTE: ND DIRECTORS DELETE DELETE	Table 1 Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition
Agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AT STD TODD, BESSIE N 6802 TRAIL RIDGE DR LAKELAND FL PD TODD, HENRY E 6802 TRAIL RIDGE DRIVE LAKELAND FL	ations of, Section 607.0505, Florient and title if applicable (NOTE: ND DIRECTORS DELETE DELETE	TITILE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.5 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
Agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AT STD TODD, BESSIE N 6802 TRAIL RIDGE DR LAKELAND FL PD TODD, HENRY E 6802 TRAIL RIDGE DRIVE LAKELAND FL	ations of, Section 607.0505, Florient and title if applicable (NOTE: ND DIRECTORS DELETE DELETE DELETE	Ida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
Agent. I al SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	Signature, typed or printed name of registered age OFFICERS AT STD TODD, BESSIE N 6802 TRAIL RIDGE DR LAKELAND FL PD TODD, HENRY E 6802 TRAIL RIDGE DRIVE LAKELAND FL	ations of, Section 607.0505, Florient and title if applicable (NOTE: ND DIRECTORS DELETE DELETE DELETE	Ida Statutes. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition

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:

941-647-1508 Daytime Phone #