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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 08 1998 8:00am Secretary of State

DOCU 1. Corporatio	MENT n Name	# 6025	96	(9)		٠					
W. RAY	FORTNE	R, P.A.		, ,							
								1	I IBARKÎ ALKI ÛRILA KADI DILIZ KULA DIKL BIRLA	EIRH EIRA BIR	i 813 11 1 8 81
D-l- sin al Di-	(0			-11				 ∤			
Principal Place of Business Mailing Address								ļ			
422 SOUTH F LAKELAND FI	O BOX 326 AKELAND FL 33802										
				US			<u> </u>	DO NOT WRITE IN THIS SPACE			
								ļ	3, Date Incorporated or Qualified		ļ
2. Principal P	lace of Busin	ness	20	2a. Mailing Address					12/17/1970 4. FEI Number	TAI	oplied For
21			26	26					59-1316146		ot Applicable
Suite, Apt.	#, etc.		Ţ.,	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional	
22 City & Stat			27	City & State			-	- Floring Associate Francisco		equired	
23			28	28				Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip		Country		Zip		Country	'		8. This corporation owes or has paid the cu	rrent year Inf	langible
24				29 30				<u>L</u>			No No
g, Name and Address of Current Registered Agent							Name	1	O. Name and Address of New Registered	Agent	
FORTNER, W. RAY 422 S. FLORIDA AVE.						82					
LAKELAND FL 33801							Street At	Address (P.O. Box Number is Not Acceptable)			
DARCHAID LE 00001											
						84	City			85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statu							named o	orooro	FL		te registered
office or r	registered ag	ent, or both, in the	State of Flori	da Such change was	authori	ized by	the corpo	oration's	s board of directors. I hereby accept the app	xintment as	registered
SIGNATURE	IIII I BATTIMI BAT WAT	in, and accept the	oonganons o	1, 360tion 607.0300, F	iorius c	olaioles	.				
SIGNATURE	Signature, typed	or printed name of register			DE Regist	lered Age	ni signature re	dured w	hen reinstating) DATE		
12.		OFFICER	S AND DIRE	DELETE		.1 TITLE			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR Change	Addition
NAME	S HOLTON	I, MARIE A.				1.2 NAME				Orange	
STREET ADDRESS 422 S FLORIDA AVE							ADDRESS				1
CITY-\$T-ZIP		ND. FL 00000			- 6	4 CITY-S					1
TITLE	PD			DELETE	2.	1 TITLE				☐ Change	☐ Addition
NAME		R, W RAY			2.3	2 NAME	ŀ				
STREET ADDRESS							2.3 STREET ADDRESS		w a		
CITY - ST - ZIP	LAKELAI	ND, FL 00000		T ou tre		4 CITY-S	T-ZIP			Channe	1 Addition
TITLE				OELETE	1	1 TITLE	}			Change	
NAME CTOCKY ADDRESS						2 NAME	ADDDCCO				J
STREET ADDRESS CITY+S1-ZIP						3 STREET 4. City - S					
TITLE	··			DELETE	_	1 TITLE	11-211			Change	Addition
NAME						2 NAME					
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP						4 CITY-SI	i				
TITLE				DELETE	5.1 TITLE				☐ Change	Addition	
NAME					5.3	2 NAME					ļ
STREET ADDRESS					5.3	3 STREET	ADDRESS				
CITY - ST - ZIP					5.4	4 CITY-SI	t-zip				
TITLE				☐ DELETE	6.1	1 TITLE				☐ Change	☐ Addition
NAME					6.3	2 NAME					ļ
STREET ADDRESS					6.3	3 STREET	address				
CITY-S1-ZIP						4 CITY - ST			440 07/0V9 Fil-14- 0:	115 . at - 1 et	1-11
14. I hereby o	centify that thi	intormation suppli	ed with this I	iling does not quality.	for the 6	exempt	tion stated	in Sec	tion 119.07(3)(i), Florida Statutes. I further ce	artit∨ 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 chapter 6 or on an attachment with an address.

May 1, 1998

941/688-5274