

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

FILED  
May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **604887** (0)

1. Corporation Name

**LANE, TROHN, BERTRAND & VREELAND, P.A.**

Principal Place of Business

Mailing Address

**ONE LAKE MORTON DRIVE  
LAKELAND FL 33801  
US**

**P.O. BOX 3  
LAKELAND FL 33802-0003  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/26/1973**

4. FEI Number

**59-1497663**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**BERTRAND, ROBERT J  
202 EAST WALNUT STREET  
LAKELAND FL**

10. Name and Address of New Registered Agent

81 Name

**Bertrand, Robert J.**

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

**One Lake Morton Drive**

83

84 City

**Lakeland**

**FL**

85 Zip Code  
**33801**

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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BERTRAND, ROBERT J</b>	
STREET ADDRESS	<b>820 BROOKWOOD DR.</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 00000</b>	

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>RABIN, GARY S.</b>	
STREET ADDRESS	<b>2311 CLEVELAND HEIGHTS BLVD.</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>FEAR CHRISTOPHER M</b>	
STREET ADDRESS	<b>1211 ROLLINGWOOD LANE</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 00000</b>	

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JACOBSEN, DONALD G</b>	
STREET ADDRESS	<b>823 WOODMONT LN.</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 00000</b>	

TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>TROHN, ROBERT L</b>	
STREET ADDRESS	<b>1401 SEVILLE PLACE</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 00000</b>	

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>VREELAND, JOHN K</b>	
STREET ADDRESS	<b>3918 CANYON LAKE POINT</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	

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	
1.4 CITY-ST-ZIP	

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.

SIGNATURE:

**Gary S. Rabin**

Treasurer

4-29-98

(941) 234-2200

CR2E034 (10/97)