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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 720249 (2)

1. Corporation Name

GIRLS INCORPORATED OF LAKELAND, INC.

Principal Place of Business	Mailing Address
1220 W. HIGHLAND ST. P.O. BOX 1975 LAKELAND FL 33802-1975	1220 W. HIGHLAND ST. P.O. BOX 1975 LAKELAND FL 33802-1975

3. Date Incorporated or Qualified: 02/12/1971
3a. Date of Last Report: 02/21/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 23-7101551 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HARRIS-FIELDS, KAY
1015 WEST 13TH STREET
LAKELAND FL 33805

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	RIMMER, LINDA		1.2 NAME	DANIELS, DILLON	
STREET ADDRESS	1018 EAST HIGHLAND STREET		1.3 STREET ADDRESS	6006 TOPHER TRAIL	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	MULBERRY, FL 33860	
TITLE	TD	☐ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	MACK, LYNDA		2.2 NAME	OLINGER, TERESA	
STREET ADDRESS	844 GLENDALE ST.		2.3 STREET ADDRESS	4511 CINDY ROAD	
CITY-ST-ZIP	LAKELANT FL		2.4 CITY-ST-ZIP	LAKELAND, FL 33813-3857	
TITLE	P	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	LUCIUS, SHEILA		3.2 NAME	DOLCE, MICHAEL	
STREET ADDRESS	844 LUCE ROAD		3.3 STREET ADDRESS	4311 ORANGEWOOD LOOP W.	
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP	LAKELAND, FL 33801	
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, JULIE		4.2 NAME		
STREET ADDRESS	707 SE 3RD STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	MULBERRY FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael E. Dolce MICHAEL E. DOLCE 1/31/97 941-688-6685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0052555