

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 22 1998 8:00am
Secretary of State

DOCUMENT # **F94000001849 (8)**

1. Corporation Name
CEPCOR, INC.



Principal Place of Business

**410 W. BRANNEN RD.
LAKELAND FL 33813**

Mailing Address

**P.O. BOX 6869
LAKELAND FL 33807**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1994

4. FEI Number

36-3186285

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

21 Suite, Apt. #, etc.

2a. Mailing Address

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

**MARTIN & MARTIN
200 LAKE MORTON DR.
LAKELAND FL 33801**

10. Name and Address of New Registered Agent

81 Name

Dale Jacobs, Esquire

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

3730 Cleveland Heights Blvd.

83

84 City

Lakeland

FL

85 Zip Code

33813

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)

7/9/98

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE **PTD** ☒ DELETE

NAME **WEAVER, MURRAY H.**
STREET ADDRESS **410 W. BRANNEN RD.**
CITY-STATE-ZIP **LAKELAND FL 33813**

12.2 TITLE **VSD** ☒ DELETE

NAME **YOUNG, CAROL A**
STREET ADDRESS **410 W BRANNEN RD**
CITY-STATE-ZIP **LAKELAND FL**

12.3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

12.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

12.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

12.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE **PS** ☒ Change ☐ Addition

13.2 NAME **Jacobs, Dale**
13.3 STREET ADDRESS **3730 Cleveland Heights Blvd**
13.4 CITY-STATE-ZIP **Lakeland, FL 33813**

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME
13.7 STREET ADDRESS
13.8 CITY-STATE-ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-STATE-ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-STATE-ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME
13.19 STREET ADDRESS
13.20 CITY-STATE-ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME
13.23 STREET ADDRESS
13.24 CITY-STATE-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:

7/9/98

904/648-1877

CR2E034 (5/98)