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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G02650

(1)

L.A. WROTEN CO.

····	FILED
ATE	Jan 30 1997 8:00am
s	Secretary of State

Principal Place of Business		Mailing Address	Mailing Address				
1018 OLEANDER P O DRAWER 2437 LAKELAND FL 33806		1018 OLEANDER P O DRAWER 2437 LAKELAND FL 33806-2437					
					3. Date Incorporated or Qualified 3a. Date of Last Report 01/26/1996		
2. Principal Pl	ace of Business	2a. Mairing Address			4. FEI Number	1	Applied For
21		26	26		59-2224580		Not Applicable
Suite, Apt. # etc.		Suite Apt. #, etc.		5. Certificate of Status Desired	7	\$8.75 Additional Fee Required	
City & State	5	City & State		••••••	6. Election Campaign Financing		· · · · · · · · · · · · · · · · · · ·
23	:	28	⊢ ′			\$5.00 May Be Added to Fees	
Zip	Country	Country Zip Country 8. This corporation has liability for intangible tax under			er s. 199.032,		
24	25	29	30			res 🗌 No	
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Regis	itered Agent	
	.s, morton d. E. Burleigh Blvd.						,
	NRES FL 32778		82		Address (P.O. Box Number is Not Acceptable))	
			83				
			84	City		FL 85	Zip Code
11 Pursuant I	to the provisions of Sections 607.05	02 and 607 1508. Florida Statu	utes, the abov	e-named	corporation submits this statement for the purp	pose of changing	na its registered
office or re	egistered agent, or both, in the Statem familiar with, and accept the oblic	e of Florida. Such change was	authorized b	y the corp	poration's board of directors. I hereby accept the	he appointment	t as registered
	in lamilia. With and accept the cong	ganona di. decilon dar.dada, i	ionaa oimaa	3 .			
SIGNATURE	Signature, typed or painted name of registered as	geni and title if applicable (NC	OTE: Registered Ag	ent signature	required when reinstating)	DATE	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	RS AND DIRECT	TORS IN 12
TOTLE	P	☐ DELETE	1.1 TITLE	·	VP	Chan	nge
NAME	wroten, lee, sr.		1.2 NAME				
STREET ADDRESS	6033 MOUNTAIN LAKE DR.		13 STREE	T ADDRESS			
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-	ST-ZIP			
TITLE	ST	DELETE	21 TITLE		P	y Char	ige 🔲 Addition
NAME	Wroten, Allen, Jr.		2.2 NAME				
STREET ADDRESS	6065 MOUNTAIN LAKE DR		2.3 STREE	T ADDRESS			
CHTY+ST+ZIP	LAKELAND FL		2. 4 CITY-	ST-ZIP			
TITLE		DELETE	3.1 TITLE		ST	☐ Char	nge 🗶 Addition
NAME			3.2 NAME		Richard L. Sellers		
STREET ADDRESS			3.3 STREE	T ADDRESS	2222 Cambridge Ave.		
CITY - S1 - Z(P			3.4. CITY-	ST-ZIP	Lakeland, FL 33803		
TITLE		DELETE	4.1 TITLE			☐ Char	nge Addition
NAME			4. 2 NAME				ļ
STREET ADDRESS			4.3 STREE	T ADDRESS			
CHTY - ST - ZIP			4.4 CITY-	ST-ZIP	<u> </u>		
TITLE		☐ DELETE	5.1 TITLE			☐ Char	nge 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY -	ST-ZIP			
TITLE		DELETE	6.1 TITLE			☐ Char	nge Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY -	ST- ZIP			
2177 27 817	l				<u> Laurenne de la company de la</u>		

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 607, Florida Statutes; and that my name appears in Block 12 or Blog /13 if changed, or on an attachment with an address.

SIGNATURE:

Richard L. Sellers

Date

Daytime Phone #