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

DOCUMENT # H11099

(9)

CLIFFORD J. SCHOTT, J.D., P.A.

FILED Mar 19 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address					
908 SOUTH FLORIDA STE. 102 LANGLAND FL 33803		908 SOUTH FLORIDA AVE. STE 102 LAKELAND FL 33803		DO NOT WRITE I	N THIS SPACE		
US		US			3. Date Incorporated or Qualified 07/05/1984		
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number		Applied For
21		26			59-2612375		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & Stat	e e	City & State		· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.0	00 May Be
23		28	r 		Trust Fund Contribution		led to Fees
Zip	Country Zip Country			8. This corporation owes or has paid the current year Intangible			
24	g. Name and Address of Curre	nt Registered Agent	30		Personal Property Tax due June 3 10. Name and Address of New Reg		∐ No
SCI	HOTT, CLIFFORD J	The second secon	81	Name	10. Hame and Address of New Neg	stelet Agent	
	SOUTH FLORIDA AVENUE		00	0	/D C D	,	· · • • • • • • • • • • • • • • • • •
	LONIAL BUILDING, SUITE 102		82	Street Addres	Idress (P.O. Box Number is Not Acceptable)		
	(ELAND FL 33803		83				
			84	City		85 2	Pip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508. Florida Statute	os, the above-r	named corpo	ration submits this statement for the pu	roose of changin	ng its registered
l office of r	ogistored agent, or both, in the State m familiar with, and accept the oblig	e of Horida. Such change was a	uitborized by th	ne corporatio	n's board of directors. I hereby accept	the appointment	as registered
SIGNATURE		,	maa olalalob.				
	Signature, typod or printed name of registered agr		Registered Agent	aignature required	when reinstating)	DATE	
12.	OFFICERS AN	ID DIRECTORS	13.	·	ADDITIONS/CHANGES TO OFFICE		
NAME :	COUNTY CHECODO I	☐ officit	1.1 TITLE		120011	/ 🖂 🎇 Chang	ge Addition
STREET ADDRESS	SCHOTT, CLIFFORD J 2605 DERBYSHIRE AVE		1.2 NAME	. noran 16/	IKW PIKKIN AKELAND B.3	バレ	
City-St-Zip	LAKELAND FL		1.3 STREET AD	UNESS L	AKELANDED.3	2012	
TITLE			2.1 TITLE		1112-11111, 1210		ge Addition
NAME	BULMAN, SALLY D		2.2 NAME		C comits C receive		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS	2801 DERBYSHIRE AVE		23 STREET ADDRESS				
CITY-ST-ZIP	LAKELAND FL		2 4 CITY-ST-ZIP				
TITLE	DELETE		3 1 TITLE			Chang	ge Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET AD	Dress			.,
CITY-ST-ZIP			3.4. CITY-ST-ZIP				***
TITLE	☐ DELETE		4.1 TATLE			☐ Chanç	ge Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET AD	DRESS			
CITY-ST-ZIP		Drugge	4.4 CITY - ST - Z	TIP			
TITLE		DELETE	5 1 TIFLE			☐ Chang	ge L. Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET AD				
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-Z 6.1 TITLE	IP		Chan	10 Addition
NAME		المال المال	6.2 NAME			L Chang	je 🔲 Addition
STREET ADDRESS			6.3 STREET ADI	norse			[
CITY-ST-ZIP			6.4 CITY+ST-Z				
	ertify that the information supplied w	ith this filing does not qualify for	the exemption	n stated in Se	ection 119.07(3)(i), Florida Statutes. I fu	rther certify that t	the Information
indicated of officer or of officer or of officer or of officer or	on this annual report or supplementa firector of the corporation or the rece	al annual report is true and accurate or trustee empowered to e	rate and that r xocyte this rep	ny signature og/as requir	ection 119.07(3)(i), Florida Statutes. I fu shall have the same legal effect as if m ed by Chapter 607, Florida Statutes; an	ade under oath; d that my name	that I am an appears in