03-04-1999 90071 049 \*\*\*158.75

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

D	OCL	<b>JME</b>	NT	#	KO	<b>07</b>	<b>'</b> 6'	1
4	_					•	_	•

LUNZ AND ASSOCIATES, INC.

Principal Place of Business Mailing Address												
44 LK. MORTON DR. LAKELAND FL 33801  44 LK. MORTON DR. LAKELAND FL 33801						1						
							DO NOT WRITE IN THIS SPACE					
						H	3. Date	Incorp	orated or Qualifed			
								05/19			,	
2. Principal P	lace of Business	2a. Mailing Address					4 FELL				Ap	plied For
21		26					59-	28539	9 <b>5</b> 5		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	c.				F 0		s Ctable Danier	- IXI -	\$8.75	Additional
22		27	27				o. Ceru	icate o	of Status Desired	(/2)	Fee Re	quired
City & Stat	e	City & State					6. Elec	ion Ca	mpaign Financing		\$5.00	
23		28							Contribution		Added 1	o Fees
Zip	Country	Zip		untry					ation owes the cu	rent year Inta		F7N-
24	25	29	30						roperty Tax.	Danistanad	Yes	□No
	9. Name and Address of Curre	nt Registered Agent	····	81	Name		iu. Nan	e and	Address of New	Registered /	Agent	
CLA	RK, RONALD L.			•	Name							
	CLEVELAND HEIGHTS BLVD.			82	Street	Address	(P.O. B	ox Nur	mber is Not Accep	table)		
	ELAND FL 33803			83								_
	/								· · · · · · · · · · · · · · · · · · ·			
				84	City				-	FI	85 Zip (	Code
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations of the state	of Florida. Such change ations of, Section 607.050	was authorize	d by t lutes.	the corpo	oration's	board o	f direct	tors. I hereby acce	pt the appoir	ntment as re	gistered
12.		ND DIRECTORS	13.		asynamo i	aquilou en			CHANGES TO O		D DIRECTO	R\$ IN 12
TITLE	PTD	☐ DELE	TE 1.1 T	ITLE		VP					Change	Addition
NAME	LUNZ, EDWARD G.		1.2 N	IAME		Vict	tor M	I. Pi	rebor, III			1
STREET ADDRESS	ALA WEDGEWOOD LANE		1.3 9	TREET	ADDRESS	1108	3 Bar	tow	Rd., Apt.	T-106		
CITY-ST-ZIP	LAKELAND FL		1.4 0	ary-st	-ZiP				L <u>33801</u>			
TITLE		☐ DELE	TE 2.1 T	ITLE		VP					Change	X Addition
NAME			2.2 N	IAME		Α. [	Danie	i Fe	owler "			
STREET ADORESS			2.3 9	TREET	ADDRES\$	1			ey Avenue		*	
CITY-ST-ZIP			2.4	CITY-S	r-ZIP				L33803			
TITLE		☐ DELE	TE 3.1 T	ITLE							Change	☐ Addition
NAME			3.2 N	IAME		ļ		-				ļ
STREET ADDRESS			3.3 9	TREET	ADDRESS							
CITY-ST-ZIP			3.4.	CITY-S	T- ZIP							
TITLE		☐ DELI	ETE 4.1 T	TTLE							Change	☐ Addition
NAME			4. 2	VAME								
STREET ADDRESS			4.3 9	TREET	ADDRESS							ŀ
CITY-ST-ZIP				TY-ST	-ZIP		-,		<u> </u>	<del>;</del>	П.С	Addition
TITLE		☐ DELI		TLE			. *				Change	. Magnion
NAME				IAME	ADDDESS.					•		
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP		□ ner		TTY-ST	-ZIP						☐ Change	Addition
TITLE	1	☐ DELI									CT Shande	
NAME	•		■ 62A	IAME								
STREET ADDRESS				IAME STREET	ADDRESS					•		ļ

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

2-12-99

(941) 682-1882