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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(1)

CLARK & CAMPBELL, P.A.

FILED Feb 02 1998 8:00am Secretary of State



Principal Place of Business Mailing Address % RONALD L. CLARK 4740 CLEVELAND HGTS BLVD % RONALD L. CLARK 4740 CLEVELAND HGTS BLVD DO NOT WRITE IN THIS SPACE LAKELAND FL 33813 LAKELAND FL 33813 3. Date Incorporated or Qualified 07/18/1988 2a. Mailing Address 2, Principal Place of Business Applied For 21 26 59-2898081 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 **Trust Fund Contribution** 28 Added to Fees Zip Country Zip Country a. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** CLARK, RONALD L. 4740 CLEVELAND HGTS BLVD Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33813 83 84 City Zip Code FI 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 d applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 13. DELETE TITLE DΡ 11 TITLE Change Addition CLARK, RONALD L. 1.2 NAME 4740 CLEVELAND HGTS BLVD STREET ADORESS 1.3 STREET ADDRESS LAKELAND FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE CAMPBELL, TIMOTHY 2.2 NAME 4740 CLEVELAND HTS BLVD STREET ADDRESS 2.3 STREET ADDRESS LAKELAND FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 41 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TillE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 ennual report is true and appurate 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 truetce 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:

991-47-8337