1997     Division of ComPORATIONS       DOULINEENT # K50113     (5)       BUTH J. SIMPSON, P.A.       Numpair Signed of Business     Mainty Address       Interpair Pack of Business     Address       Interpair Pack of Business     Pic Mainters       Interpair Pack of Business     Interpair Pack of Business	COF	PROFIT PPORATION	FLORIDA DEPAR Sandra B	ITMENT OF STATE	· · · · · · · · · · · · · · · · · · ·	LED 997 8:00an ary of State
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Suite Ap # etc.		Place of Business				
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Print         Country         Zip         Tools Fund Contribution         Added to Fees           Print         Country         Zip         So         The country is the stating of interaptive tax notes is 193 032, Fordia Statutes         The country is the stating of interaptive tax notes is 193 032, Fordia Statutes           SMPSON, RUTH J.         SMPSON, RUTH J.         Interact of the provisions of Sections & Country is registered Agent         Site Statutes         File         Name and Address of Peer Registered Agent           SMPSON, RUTH J.         SMPSON, RUTH J.         Interact of the provisions of Sections & Country is registered Agent         Site Statutes         File         Site Statutes           SMPSON, RUTH J.         Site Statutes         File         Site Statutes         Site St		to				Fee Required
Part       Country       Zp       Country       Part according the stability on imanybe Lax under is 190.032, Provide Statutes         Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       10. Name and Address of New Registered Agent         SIMPSON, RUTH J.       1104 E. CUMBERLAND STREET       8. Street Address (P.O. Box Number is Not Acceptable)         Visit       8. Street Address (P.O. Box Number is Not Acceptable)       8. Street Address (P.O. Box Number is Not Acceptable)         Visit       8. Street Address (P.O. Box Number is Not Acceptable)       8. Street Address (P.O. Box Number is Not Acceptable)         Visit       8. Street Address (P.O. Box Number is Not Acceptable)       8. Street Address (P.O. Box Number is Not Acceptable)         Visit       8. Street Address (P.O. Box Number is Not Acceptable)       8. Street Address (P.O. Box Number is Not Acceptable)         Visit       8. Street Address (P.O. Box Number is Not Acceptable)       8. Street Address (P.O. Box Number is Not Acceptable)         Visit       8. Street Address (P.O. Box Number is Not Acceptable)       8. Street Address (P.O. Box Number is Not Acceptable)         Visit       9. Street Address (P.O. Box Number is Not Acceptable)       8. Street Address (P.O. Box Number is Not Acceptable)         Visit       9. Street Address (P.O. Box Number is Not Acceptable)       8. Street Address (P.O. Box Number is Not Acceptable)         Visit       9. Street Add	- ·	li6.			, , , , , , , , , , , , , , , , , , , ,	
SIMPSON, RUTH J.     1104 E. CUMBERLAND STREET       LAKELAND FL 33801     82       B1     Name       B2     Street Address (P.O. Box Number is Not Acceptable)       B3     84       Chy     FL       B3     84       Chy     FL       B4     Chy       B4     <	Zip	25	Zip 29	<u> </u>	Florida Statutes	Yes No
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LAKELAND FL 33801					dress (P.O. Box Number is Not Accent	table)
H     Cry     FL     S     Zip Code      Co     C					uress (F.O. DOX Number is Not Accept	
Pursuent to the provisions of Sectors 507 0502 and 607 1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent (an individual accept the obligations of Sectors 607 0505, Policida Statutes.)         SIGNATURE       Description of the provisions of Sectors 607 0505, Policida Statutes.         SIGNATURE       Description of the provision of Sector 607 0505, Policida Statutes.         SIGNATURE       Description of the provision of Sector 607 0505, Policida Statutes.         SIGNATURE       Description of the provision of Sector 607 0505, Policida Statutes.         SIGNATURE       Description of the provision of Sectors 607 0505, Policida Statutes.         SIGNATURE       Description of the provision of Sectors 607 0505, Policida Statutes.         SIGNATURE       Description of the provision of Sectors 607 0505, Policida Statutes.         SIGNATURE       Description of the provision of Sectors 607 0505, Policida Statutes.         SIGNATURE       Description of the provision of Sectors 607 0505, Policida Statutes.         SIGNATURE       Description of the provision of Sectors 607 0505, Policida Statutes.         SIGNATURE       Description of Sectors 607 0505, Policida Statutes.       Description of Sectors 607 0500, Policida Statutes.         SIGNATURE       Description of Sectors 607 0500, Policida Statutes.       Description of Sectors 607 0500, Policida Statutes.         SIGNATURE       Descriptin of the proversition of Sectors 607 0500, Policida S				83		
office or registered agent, and both, in the State of Finicial Such change was autionized by the corporation's board of directors. I hereby accept the displayed agent same state registered agent same state couple of both statutes. I hereby accept the displayed agent same state agent and statutes. I hereby accept the displayed agent same state agent agent agent sequence registered agent same state agent agent agent sequence registered agent sequence re				64 City		85 Zip Code
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1104 E. CUMBERLAND ST.       13 STREET ADDRESS         LAKELAND FL 33801       14 OTY-ST-ZP         Inter       DELETE         21 TITLE       Change         Addition         WARE       23 STREET ADDRESS         CITY-ST-ZP       24 OTY-ST-ZP         Inter       DELETE         21 TITLE       Change         Addition       23 STREET ADDRESS         CITY-ST-ZP       24 OTY-ST-ZP         Inter       DELETE         STRETA ADDRESS       23 STREET ADDRESS         CITY-ST-ZP       24 OTY-ST-ZP         Inter       DELETE         STRETA ADDRESS       33 STREET ADDRESS         CITY-ST-ZP       34. OTY-ST-ZP         Inter       DELETE         STRETA ADDRESS       33 STRETA ADDRESS         CITY-ST-ZP       34. OTY-ST-ZP         Inter       DELETE         43. STRETA ADDRESS       34. OTY-ST-ZP         Inter       DELETE         43. STRETA ADDRESS       35. STRETA ADDRESS         CITY-ST-ZP       4. OTY-ST-ZP         Inter       DELETE         STRETA ADDRESS       35. STRETA ADDRESS         CITY-ST-ZP       4. OTY-ST-ZP         Inter	office or agent 1 a SIGNATURE	registered agent, or both, in the State am familiar with, and accept the oblig Strates types a printed rate of registered ag	e of Florida. Such change was pations of, Section 607,0505, Fl ent and title # applicable. (NOT ID DIRECTORS	authorized by the corport orida Statutes. E. Registered Agent signature req	ation's board of directors. I hereby acc	PL
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<ul> <li>S1-2ii</li> <li>G4 CITY-S1-ZiP</li> <li>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; the annual certify in 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 an an attachment with an address.</li> </ul>	office or agent 12 SIGNATURE IZ. INTE IAME SIREELADORESS INTY ST-20- INTE IAME SIREELADORESS INTY ST-20- INTE IAME SIREELADORESS INTY ST-20- INTE IAME SIREELADORESS INTY ST-20- INTE IAME SIREELADORESS INTY ST-20-	PD SIMPSON, RUTH J. 1104 E. CUMBERLAND ST.	a of Florida. Such change was pations of. Section 607,0505, Fl ID DIRECTORS DELETE DELETE DELETE DELETE DELETE	authorized by the corport orida Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	ation's board of directors. I hereby acc	
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; the annual 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 an utget is in Block 13 of chapter 14 or an anticement with an address.	office or agent 12 SIGNATURE 12. DDF SDREETADORESS SDRY-ST-20- DDF STREETADORESS STREETADORESS STREETADORESS SIREFTADORESS SIREFTADORESS SIREFTADORESS SIREFTADORESS SIREFTADORESS SIREFTADORESS SIREFTADORESS SIREFTADORESS SIREFTADORESS SIREFTADORESS SIREFTADORESS SIREFTADORESS SIREFTADORESS SIREFTADORESS SIREFTADORESS	PD SIMPSON, RUTH J. 1104 E. CUMBERLAND ST.	a of Florida. Such change was pations of. Section 607,0505, Fl ID DIRECTORS DELETE DELETE DELETE DELETE DELETE	authorized by the corport orida Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	ation's board of directors. I hereby acc	
I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name annuality in Block 13 in chapter 51 and that my name and the second provide the second pro	office or agent 12 SIGNATURE 12. IDUE VAME SIREETADORESS SILY ST-24- DILE VAME SIREETADORESS SILY ST-20- DILE SIREETADORESS SILY ST-20- DILE VAME SIREETADORESS SILY ST-20- DILE VAME SIREETADORESS SILY ST-20- DILE VAME SIREETADORESS SILY ST-20- DILE VAME SIREETADORESS SILY ST-20-	PD SIMPSON, RUTH J. 1104 E. CUMBERLAND ST.	a of Florida. Such change was pations of. Section 607,0505, Fl ID DIRECTORS DELETE DELETE DELETE DELETE DELETE	authorized by the corport orida Statutes. E: Registered Agent signature registered 13. 1.1 Title 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 DITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS	ation's board of directors. I hereby acc	
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