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

DOCUMENT # L42711

DANE V. PARKER, D.C. PROFESSIONAL ASSOCIATION

Principal Place	e of Business	Mailing Address		(100)	
3242 S. FL. AV 3740 GLEVELAN LAKELAND FL	ND HEIGHTS BLVD	3242 S. FLORIDA AVE -3740-GLEVELAND HEIGHTS B LAKELAND FL 33803	LVD.	DO NOT WRITE IN THIS	S SPACE
US		US		3. Date Incorporated or Qualifed 01/17/1990	
2. Principal P	ace of Business A S. Florida Av	2a. Mailing Address		4. FEI Number 59-2999226	Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	cland, FL	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
^{Zip} 33	Country 25	Zip 30	Country	This corporation owes the current year in Personal Property Tax.	ntangible ☐ Yes ☐ No
1-41	9. Name and Address of Curre			10. Name and Address of New Registered	d Agent
3740	Ker, dane V.) Cleveland Heights BLVD. Eland Fl 33813		81 Name 82 Street A 33	odjes (P. SBox Number is Not Acceptable Av	е
			84 City	keland Fi	
office or r	to the provisions of Sections 607.05/ egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Such change was auth	nonzea by the corbor	orporation submits this statement for the purpose c ration's board of directors. I hereby accept the appora-	of changing its registered pintment as registered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Re	egistered Agent signature rec		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Parker, dane V.		1.2 NAME	A 51 Ann	
STREET ADDRESS	5329 RAY PLACE LAKELAND FL		1	3242 S.Florida Ave. Lakeland, FL <u>33803</u>	3
CITY-ST-ZIP	LANELAND FL	□ DELETE	1.4 CITY-ST-ZIP	Landicion L 2000	☐ Change ☐ Addition
NAME			2.2 NAME		_ · -
I NAME	i e e e e e e e e e e e e e e e e e e e		L.L MANU.		

CITY-ST-ZIP 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 to stee empowered of 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.

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

2. 4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

□ DELETE

DELETE

☐ DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-644-0880

FILED

May 10, 1999 8:00 am Secretary of State

05-10-1999 90020 049 ***150.00

CR2E034 (11/98)

■7.

≡::

☐ Addition

Addition

Addition

☐ Addition

☐ Change

Change

Change

☐ Change

≣.