

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

**FILED**  
**Apr 23 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # L51392 (3)**

1. Corporation Name  
**LAVENDER & ASSOCIATES, INC.**



Principal Place of Business <b>% PATRICIA LAVENDER</b> <b>14813 TURNER RD</b> <b>TAMPA FL 33625</b>	Mailing Address <b>% PATRICIA LAVENDER</b> <b>14813 TURNER RD</b> <b>TAMPA FL 33625-4100</b>
--	---

3. Date Incorporated or Qualified <b>02/12/1990</b>	3a. Date of Last Report <b>04/26/1996</b>
--	--

2. Principal Place of Business <b>21 5358 W. VILLAGE DR.</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 5358 W. VILLAGE DR.</b> Suite, Apt. #, etc.
--	---

4. FCI Number <b>65-0170642</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

22. City & State <b>23 TAMPA, FL</b>	27. City & State <b>28 TAMPA, FL</b>
---	---

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--	---------------------------------------

24. Zip <b>33624</b>	25. Country <b>Hillsborough</b>	29. Zip <b>33624</b>	30. Country <b>Hillsborough</b>
-------------------------	------------------------------------	-------------------------	------------------------------------

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	------------------------------------

9. Name and Address of Current Registered Agent

**LAVENDER, PATRICIA**  
**1312 CORNER OAKS DR**  
**BRANDON FL 33510**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  
 Yes  No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DT</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAVENDER, PATRICIA A.</b>	1.2 NAME	
STREET ADDRESS	<b>1312 CORNER OAKS DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRANDON FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DS</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAVENDER, JERRY W.</b>	2.2 NAME	
STREET ADDRESS	<b>1312 CORNER OAKS DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRANDON FL</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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; 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.

SIGNATURE *Patricia Lavender* DATE **04/26/96**

CR2E034 (9/96)