

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90202 030 ****70.00

0057165

DOCUMENT # N98000005960

1. Corporation Name

LAKELAND PREDATORS, INC.

Principal Place of Business

3740 OLD TAMPA HWY
LAKELAND FL 33811

Mailing Address

3740 OLD TAMPA HWY
LAKELAND FL 33811



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/19/1998

4. FEI Number

59-35-302-59

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

CLINE, BRENDA J
3740 OLD TAMPA HWY
LAKELAND FL 33811

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Brenda Cline
President
3740 Old Tampa Hwy.
Lakeland, FL 33811

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Barry Hall - Treasurer
1476 Mahaffey Circle
Lakeland, FL 33803

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Glenn Cole - A.D.
2735 West 10th Street
Lakeland, FL 33805

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Phil Cline - Commissioner
3740 Old Tampa Hwy.
Lakeland, FL 33811

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Lucy Simerl
2735 W. 10th Street
Lakeland, FL 33805

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chairman, Director

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 trustee empowered to execute this report as required by Chapter 617, 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.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99 941-680-6274
Date Daytime Phone #

CR2E037 (1/98)