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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT** # P94000013830 (2)

CAUSEY BUHHIS & ASSUCI	ATES, ING.	
Principal Place of Business	Mailing Address	
202 LAKE MIRIAM DRIVE LAKELAND FL 33907-5888	POST OFFICE BOX 5888 LAKELAND FL 33807-5888	
2. Principal Place of Business	2a. Mailing Address	
Suite, Apt. #. etc.	Suite. Apt. #, etc.	
2010, 740. 11, 510.	27	

FILED May 11 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/17/1994 4, FEI Number Applied For 59-3225936 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6, Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BURRIS, VIRGINIA A 202 LAKE MIRIAM DRIVE Street Address (P.O. Box Number is Not Acceptable) **LAKELAND FL 33807-5888** 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE ☐ Change ☐ Addition TITLE BURRIS, VIRGINIA A 1.2 NAME NAME P.O. BOX 5888 N/A STREET ADDRESS 1.3 STREET ADDRESS **LAKELAND FL 33807-5888** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE CAUSEY, JOHN A 2.2 NAME STREET ADDRESS P.O. BOX 5888 N/A 2.3 STREET ADDRESS <u>akeland</u> fl 33807-5888 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change \_\_\_ Addition TITLE NALAF 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST-Z# 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

Suns

4/30/98

644-6636