

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000017725 (0)

1. Corporation Name

RICHARDSON & ASSOCIATES OF POLK COUNTY, INC.

Principal Place of Business

Mailing Address

840 WHITFIELD ST.
MULBERRY FL 33860

840 WHITFIELD ST.
MULBERRY FL 33860



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1412 N.E. 1ST STREET		26 1412 N.E. 1ST STREET		03/08/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3239983	
City & State		City & State		5. Certificate of Status Desired	
23 MULBERRY FLORIDA		28 MULBERRY FLORIDA		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		Country	
24 33860		29 33860		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LAVAN, TANGELIA 840 WHITFIELD ST. MULBERRY FL 33860				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				1412 N.E. 1ST STREET	
				83	
				84 City	
				MULBERRY	
				FL	
				85 Zip Code	
				33860	

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 TANGELIA LAVAN

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

(NOTE: Registered Agent signature required when reinstating)

4/28/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	P	1.1 TITLE	
NAME	LAVAN, TANGELIA	1.2 NAME	
STREET ADDRESS	840 WHITFIELD ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL 33860	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	RONALD RICHARDSON	2.2 NAME	
STREET ADDRESS	1412 N.E. 1ST STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY, FL 33860	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	EARLEY MCKINLEY	3.2 NAME	
STREET ADDRESS	1412 N.E. 1ST STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY, FL 33860	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	JOSEPH G. KOZLOVICH	4.2 NAME	
STREET ADDRESS	1412 N.E. 1ST STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY, FL 33860	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE P. T. P. / S.

4/28/98

CR2E034 (10/97)