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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Feb 11 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000045934 (4)

WEEKS & DODDS, P.A.

Description of Description									{				
Principal Place of Business Mailing Address 740 S. FLORIDA AVE. P.O. BOX 2657									- constituent tre smill grant marit water water ware with the control with 1881				
740 S. FLORIDA LAKELAND FL 3	OX 2657 AND FL <mark>33806-2</mark> 657												
									3. Date Incorporated or Qualified 07/01/1994		ate of Last R)5/1996	leport	
2. Principal Pi	iace of Business		2a. Ma	ailing Address					4. FEI Number		Ar	oplied For	
21		26						59-3246953			ot Applicable		
Suite, Apt	#, etc	} -	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional equired		
22 Cat. 8 Ctol			[27]	tu P State									
City & State	·	<u>-</u>	City & State				i	Election Campaign Financing Trust Fund Contribution			May Be to Fees		
23 Zip		Country	20	D	T 6	Country							
24	25		29				•		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
[27]		Address of Curre		ed Agent		T			10. Name and Address of New Re				
WEE	KS, T.W. III					81	Name						
	s. Florida av				82 Street Addre			ss (P.O. Box Number is Not Acceptal	ole)				
LAKE	ELAND FL 3380			02 3(166) A									
						83							
						84	City			FL	85 Z(p	Code	
11. Pursuant	to the provisions	of Sections 607.09	502 and 607.	1508, Florida Stat	tutes, the	above	-named	d corpoi	ration submits this statement for the	ourpose of	changing i	ts registered	
office or r	registered agent, i im familiar with lar	or both, in the Sta nd accept the obli	te of Florida igations of Si	Such change was ection 607,0505, I	s authori Florida S	ized by Statutes	the cor	rporatio	n's board of directors. I hereby acce	ot the app	ointment as	registered	
SIGNATURE			9										
SIGNATORE.	Signature typed or prin	nted manue of registered a	igent and tite if no	oplicable (N	OTE: Regis	lered Age	n) signatur	e required	when re-instating)	DATE			
12.		OFFICERS A	ND DIRECTO			3.			ADDITIONS/CHANGES TO OFFI	CERS AND			
TITLE	PT	***		☐ DELETE		.1 TITLE	,	امره 🖈	化医生物 医多种性皮肤	je,	Change	Addition	
NAME.	WEEKS, T.W.	III Da aust				.2 Náme				er ar Nobles	s saturat	A BALLALISA	
STREET ADDRESS	740 S. FLORII			e e e e e e e e e e e e e e e e e e e		3. 5	ADDRESS	15					
CITY-ST-ZIP	LAKELAND FL S			DELETE		4 CITY - S 1 TITLE	T-ZIP.				Change	Addition	
·ŢITĻE	DODDS, TON'	v c		L. Detter		2 NAME	A 18		N		L Orlange	L. Addition	
NAME SERVER ADERESS	740 S. FLORII				1		ADDRESS	1					
STREET ADDRESS	LAKELAND FL												
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NAME						2 NAME							
STREET ADDRESS	1						ADDRESS	1					
Crty-St-ZiP						4. CITY-!							
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NAMÉ					4.	. 2 NAME			·				
STREET ADDRESS					4.	.3 STREET	ADDRESS						
CITY - ST - 7IP]				4.	4 CITY-S	T-21P						
TITLE				DELETE	5	1 TITLE	•				Change	Addition	
NAME					5.	2 NAME							
STREET ADDRESS)				5	3 STREET	ADDRESS	1					
CITY-ST-ZIP						4 CITY-S	T-ZIP	ļ			- Printy A.		
TITLE				☐ DELETE	1	1 TITLE			•		L. Change	Addition	
NAME						2 NAME							
STREET ADDRESS							ADDRESS						
CITY-ST-ZiP				filler des		4 CITY-S			a Castian 110 07/00/3 Placing Disk a	.n. 1 f	e maraille ab -i	t the	
informatic	rby certify that the on indicated on th	imormation sup- iis annual report o	r supplement	ining does not qua tal annual report i:	ality for I s true ar	me exe nd acci	inption : irate ani	stated i d that n	n Section 119.07(3)(i), Florida Statute ny signature shall have the same leg	al effect as	r certily that s if made ur	. me nder,oath; that	
l tam an o appears	officer or director of in Block 12 or Blo	olding conformation	or the réceiv , o / e/ ar atta	er or trustee empo achment with an a	owered t address.	to exec	ute this	report	ny signature shall have the same leg as required by Chapter 607, Florida	statutes; a	ind that my i	name :	