

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

FILED

Apr 15 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
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DOCUMENT # **P94000086156 (4)**

1. Corporation Name  
**CPL, INC.**



Principal Place of Business  
**3824 S. FLORIDA AVE.  
LAKELAND FL 33814**

Mailing Address  
**3824 S. FLORIDA AVE.  
LAKELAND FL 33813-1105**

3. Date Incorporated or Qualified <b>11/17/1994</b>	3a. Date of Last Report <b>07/09/1996</b>
4. FEI Number <b>59-3280649</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <b>WELL</b>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>2060 80 Foot Rd.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>2060 80 Foot Rd.</b> Suite, Apt. #, etc.
22 City & State 23 <b>Bartow, FL</b> Zip Country 24 <b>33830</b> 25 <b>POIK</b>	27 City & State 28 <b>Bartow, FL</b> Zip Country 29 <b>33830</b> 30 <b>POIK</b>

9. Name and Address of Current Registered Agent  
**HALL, W. GARVE  
3824 S. FLORIDA AVE.  
LAKELAND FL 33814**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) <b>2060 80 FOOT RD</b>
83
84 City <b>BARTOW FL</b> 85 Zip Code <b>33830</b>

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, s. 607.0505, Florida Statutes.

SIGNATURE **W. Garve Hall**

DATE **4/9/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DICKES, BYRAM E</b>	1.2 NAME	
STREET ADDRESS	<b>100 S. WACKER DRIVE, SUITE 1140</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHICAGO IL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>PTD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HALL, W. GARVE</b>	2.2 NAME	
STREET ADDRESS	<b>3824 S. FLORIDA AVE.</b>	2.3 STREET ADDRESS	<b>2060 80 Foot Rd.</b>
CITY - ST - ZIP	<b>LAKELAND FL</b>	2.4 CITY - ST - ZIP	<b>Bartow, FL 33830</b>
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 included 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, in an attachment with an address.

SIGNATURE:

**W. Garve Hall** **4/9/97**

**941-537-1750**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0398612

CR2E034 (9/96)