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 # P94000094243 (0)

KAYLOR AND KAYLOR, P.A.

FILED Jan 28 1998 8:00am Secretary of State



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Principal Plac	e of Business	Mailing Address		i iddiiddi isa tarir afdir âdiri âdiri Eafii adira	ibter fiftib innet ninns eine iffer
525 AVENUE G. N.W. WINTER HAVEN FL 33880		P O BOX 73 WINTER HAVEN FL 33882		DO NOT WRITE IN TO	UO ODAĈE
		U\$		DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IS SPACE
]				12/30/1994	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 525	Ave G. NW	26 P.O. Box 7.	3	59-3287989	Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat		City & State	ien. FZ	6. Election Campaign Financing	\$5.00 May Be
23 Win				Trust Fund Contribution	Added to Fees
Zip 24 33 86	Country 25 USA	29 33882-0073	Country SO USA	8. This corporation owes or has paid the	
24 23 23	9. Name and Address of Curren		301 (2001)	Personal Property Tax due June 30. 10. Name and Address of New Register.	
nel a				-1-0	
KAYLOR, L. MARK 525 AVENUE G, N.W.			80 Out of 1	MAC DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA	
WINTER HAVEN FL 33880			82 Street Add	ress [®] (P.O. Box Number is Not Acceptable)	
THITIER INTERIOR SOUT			83		
			94 03		los I Zin Onda
			84 City	F	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 egent, or by it, in this 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 preture required when reinstating) DATE					
	Signature, typed or printed name of registered age				
12.	OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
NAME	KAYLOR, L. MARK	ריי מוניור	1.2 NAME		C Change C Addition
STREET ADDRESS	525 AVENUE G, N.W.		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33880		1.4 CITY-ST-ZIP		
TITLE	WHITEH WAVEIT I'E 00000	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2,2 NAME		
STREET ADORESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP	:	
TITLE		DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Louere	4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME OVOTEV ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - ST - ZIP	70.00	Change Addition
1		□ percie	6.1 TITLE		☐ Change ☐ wightigh
NAME CTREET ADDRESS			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)(i), Florida Statules. 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 or a attachment with an address.