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 # P9500005526 (5)

FILED Apr 16 1998 8:00am Secretary of State

GERALD LENNARD, INC.					
GETIAL	D CCHIMIDI IIIO) ARANYRAN AND ARANY AND ARANY ANDRA ARANG A	ATH AND PARANTANA AND AND AND AND AND AND AND
Principal Place of Business Mailing Address				* ************************************	Rets & Store of any angle of the Store of Store
245 W. TOM COSTINE RD. LAKELAND FL 33809 LAKELAND FL 33809				DO NOT WRIT	E IN THIS SPACE
				3. Date Incorporated or Qualified	
				01/18/1995	
2. Principal P	lace of Business	2a. Maiting Address		4. FEI Number	Applied For
21 123/	6 ROCARIDGE RD	26 12316 ROCK	RIDGE RD	65-0559924	Not Applicable
Suite, Apt.	W, etc. ECAND	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23 F L	33809	28 LAYGLAN	D FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zip _	Country	8. This corporation owes or has p	aid the current year Intangible
24	25	29 33809 3	0.S.A.	Personal Property Tax due Jun	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent
LENNARD, GERALD 81 Name SEX				FRACO LENNI	A (830 -
				ess (P.O. Box Number is Not Accepts	(ple)
LAKELAND FL 33809					
			03		
			84 City / 1	(INALOW)	FL 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					purpose of changing its registered
office or registered agent, or both, in the fate 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 appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SERBIGO LEWWRD 3/11/98					
SIGNATURE	Relative, typed or printed name of registered agent		Registered Agent signature require	ed when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	PVST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LENNARD, GERALD		1.2 NAME		1
STREET ADDRESS	245 W. TOM COSTINE RD.		1.3 STREET ADDRESS		
CITY+ST-ZIP	LAKELAND FL 33809		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		i
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE NAME		C) DECEIL	4.1 TITLE 4. 2 NAME		T CHARGE T MODERN
- i					
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		}
CITY-ST-ZIP			5.4 CITY-ST-ZIP		ļ
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		
	ertify that the information supplied with	this filing does not qualify for		Section 119.07(3)(i), Florida Statutes.	I further certify that the information

14. Thereby 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 is 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 same appears in Block 12 or Block 13 if changed, or on an atlactment with an address.

SIGNATURE:

-evall francis 3/11/98 941 859 5612