## 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

**FILED** Jan 28 1998 8:00am Secretary of State

1. Corporatio	SIEGEL, P.A.	·····44440 (2)			
Principal Place of Business Mailing Address					
1811 PINNACLE DR.		1811 PINNACLE DR.			
LAKELAND FI	. 33813	LAKELAND FL 33813		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				06/09/1995	
		2a. Mailing Address		4. FEI Number	Applied For
· · · · · · · · · · · · · · · · · · ·		26		59-3311756	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6 Station Compaign Financian	<del></del>
23		28		Bection Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	<del>_</del>
24	25	29	30	Personal Property Tax due June 30.	☐ Yes ☐ No
	g, Name and Address of Cu	irrent Registered Agent		10. Name and Address of New Registers	d Agent
SIEGEL, KENNETHA B 1811 PINNACLE DR. LAKELAND FL 33813				dress (P.O. Box Number is Not Acceptable)	
			84 City	releved 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 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	Signature, typed or printed name of registere		E: Registored Agent signature req	DATE (content on the definition)	
12.		AND DIRECTORS	13.		ND DIRECTORS IN 12
TITLE	P/D	DELETE	1.1 TITLE	SIEGEL, LOWN ETHA 1821 Michelle LN Lakeland, FL 3	e enange ☐ Addition
NAME	SIEGEL, KENNETH B.		1.2 NAME	SIEGEL, LENN DIHAF	₿,
STREET ADDRESS	1811 PINNACLE DR.		1.3 STREET ADDRESS	182 Michelle La	
CITY-ST-ZIP	LAKELAND FL 33813		1.4 CITY-ST-ZIP	LAKELAND, FL 3.	3813
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		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3.4. City-St-ZiP		☐ Change ☐ Addition
TITLE					C Overige C veguion
NAME CARCEL ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	4.4 CHY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TiTLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	artify that the information cumplic	od with this filing dogs not qualify for		in Section 119 07(3)(i) Florida Statutes, Liturber	certify that the information

indicated on this annual report or supplied with this hing does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. 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 eath; that I am an officer or director of the porporation 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 dharged, or on an attachment with an address.