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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

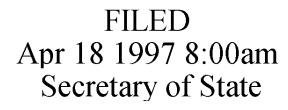
DOCUMENT # P95000055164 (4)

LAKELAND TRANSFER SERVICES, INC.

T TH	TU:	Parri	ace or b	USTILLS
621	N	LAKE	PARKER	AVE

Mailing Address

COLALIANE DADVED AVE





LAKELAND FL 33801			LAKELAND FL 33801-2040												
							3	3. Date Incorporated or Qualified 3a. Date 07/10/1995 04/30,					of Last Report		
2. Principal Place of Business			2a. Mailing Address				4	4. FEI Number				Applied For			
21			26 P.O. BOX 95545				59-3324924				Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5	6. Certificate of Status De-	sired	\$8.75 Additional Fee Required							
City & State			City & State				6	6. Election Campaign Financing \$5.00 N					May Be		
23			28 LAKELAND, FLORIDA				1	Trust Fund Contribution			ided to				
Zip	Country			Zip Cou				8	. This corporation has lia	s liability for intangible tax			x under s. 199.032,		
24	25		29 33	804-5545	30	US	Ą		Florida Statutes		Yes No				
	g. Name and	d Address of Current	Registere	d Agent			r), Name and Address of	New Reg	stered A	gent			
KED	ZUF, KEVIN R					81	Name								
621	N LAKE PARK	ER AVE				82	Street	Address ((P.O. Box Number is Not A	Acceptabl	le)				
LAKELAND FL 33801								SHOOL AGGIOSS (170), DON HUMBON TO HOL MOODERSHOP							
						83 84	City					85	Zip C	ode	
						"	0.1,				FL	"	L., C		
office or r agent. I a	registered agent.	s of Sections 607.0502 , or both, in the State c and accept the obligat	f Florida. S	luch change was	s authorize	d by	/ the cor	d corporati poration's	ion submits this statement board of directors. I here	for the pr by accep	urpose of it the appo	chang sintme	ing its nt as r	registered egistered	
SIGNATURE	Signature, typed or pr	nnted name of registered agent	and title if app	licable (N	OTE Registero	d Ago	ent signatur	e required who	en reinstating)		DATE				
12.		OFFICERS AND	DIRECTOR	1 8	13.				ADDITIONS/CHANGES T	O OFFIC	ERS AND	DIRE	CTORS	IN 12	
TITLE	DPS	•		DELETE	1.1 1	1LE						L Ch	ange	☐ Addition	
NAME	Kedzuf, Ke	VIN R			1.2 N	AME									
STREET ADDRESS		Parker ave			1.3 S	TREET	ADDRESS							j	
CITY-ST-ZIP	LAKELAND F	1			1.4 0	ITY-S	T-ZIP	ļ							
TITLE				☐ DELET€	211	TLE						∐ Ch	ange	Addition	
NAME					22 N	AME									
STREET ADDRESS					23 STRCET ADDRESS										
CITY-ST-ZIP					2.40	2. 4 CHY-ST-ZIP									
TITLE				L DELETE	3.1 T	TLE						☐ Ch	ange	Addition	
NAME					3.2 N	AMI									
STREET ADDRESS					3.3 S	THEET	ADDRESS								
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NAME					4.21	IAME									
STREET ADDRESS					4.3 S	TREET	ADDRESS								
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TITLE				☐ DELETE	5.1 1							Cr	ange	Addition	
NAME					5.2 N										
STREET ADDRESS							ADDRESS								
CITY-ST-ZIP				65,550			37 - ZIP	-				116		Addition	
TITLE				☐ DELETE	6.1 T							☐ Cr	ange	Addition	
NAME					6.2 N										
STREET ADDRESS					6.3 S	IREET	ADDRESS	i							
CITY-ST-ZIP							31 - ZIP	<u> </u>	140 0=10111 == 15	- 0: :	. 14 .1		. Al		
14. I do herel	by certify that the	e information supplied	with this fil	ina does not au	alify for the	ΘX6	motion :	stated in S	Section 119,07(3)(i), Florid	a Statutes	s. I turther	certif	/ that tl	10	

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 on an attachment with an address.