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 #
1. Corporation Name P95000060539 (0)

ROBERT A. LANG, INC.

FILED Apr 16 1998 8:00am Secretary of State



Principal Plac	e of Business		Mailing Address						a imprimate les imter exist annie notif seith done divit bêtêr diste diste tivih keli idêt				
	RYSIDE BLVD SUI	510 HARMONY LANE					- 1						
CLEARWATER FL 34623			TARPON SPRINGS FL 34689					Ì	DO NOT IN	DITE IN 1 TO 1	0.004.05		
									DO NOT W 3. Date Incorporated or Qualif		IS SPACE		
ļ									08/04/1995	eu			
	lace of Business		2a. Mailing Address						4. FEI Number			Applied For	
Suite, Apt. #, etc.				26					59-3332938			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional			
City & State				Crty & State								Required	
23	·	28					Election Campaign Financin Trust Fund Contribution	9 🗆		O May Be d to Fees			
Zip Country			Zip Country					B. This corporation owes or ha					
24	25	·	29	•	30	•			Personal Property Tax due		Yes	No	
9. Name and Address of Curren								10. Name and Address of New Registered Agent					
MA	CK, RAY					81	١	Name					
2515 COUNTRSIDE BLVD SUITE B							-	Stroot Address	s (P.O. Box Number is Not Acce	ntoble)			
CLEARWATER FL 34623				*			٦	MIDEL AUGIES:	S (F.O. BOX NUMBER IS NOT ACCE	plable)			
						83							
						84	_	Dity			or 7	n Codo	
						1 1	-	•		F	I 11 '	p Code	
11. Pursuant t	to the provisions	of Sections 607.0502	and 60	7.1508, Florida Sta	tutes, the a	bove	e-na	amed corpora	ation submits this statement for t i's board of directors. I hereby a	he purpose	of changing	its registered	
agent. La	m familiar with, a	ind accept the obligat	ions of,	Section 607.0505,	Florida Sta	tutes	7 U M 5.	e corporation	is board or directors. I hereby a	ccept the a	ppointment a	as registered	
SIGNATURE													
12.	Signature, typed or pri	nind name of registered agen OFFICERS AND				Ad Age	nt și	ignature required t	-	DATE			
TITLE	PD	OFFICERS AND	DIREC	DELETE	13. 1.1 T	ITI E	-		ADDITIONS/CHANGES TO O	FFICERS A	ND DIRECTO		
NAME	LANG, ROB	FRT A				IAME					L. Change	, Pagamon	
STREET ADDRESS	510 HARMO				1	TRFET	ADD	Dorec					
Crty-St-ZiP		RINGS FL 34689				ITY-S							
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NAME	LANG, ROB	ERT A		_	2.2 N						onange	, LI racinon	
STREET ADDRESS	510 HARMO				2.3 S	TREET	ADD	DRESS					
CITY-ST-ZIP		RINGS FL 34689				CITY-S						1	
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NAME					3.2 N	AME					•	ŀ	
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STREET ADDRESS					4.3 S	TAEET .	ADD	ORESS				ĺ	
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TITLE				☐ DELETE	6.1 Ti						☐ Change	Addition	
NAME					6.2 N								
STREET ADORESS					1	TAEET A							
CÍTY-ST-ZIP	ertify that the info	rmation supplied with	thic fills	on door not qualify		TY-ST			otion 110 07/3\(i) Florido Ctotuto	16.35			

indicated on this annual report or 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 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 effectment with an exercise.