FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000068267 (0) **DOCUMENT #** 1. Corporation Name

D & I ENTED

14. I do hereby certify that the information supplied with this filing is voluntarily to certify that the information indicated on this annual report or supplied ental an oath, that I am an officer or director of the corporation or the process or true appears in Block 12 or Block 13 if changed, or on an alternative in that I am add

SIGNATURE

P&L	ENTEKPHISES LAKELANU,	INC.					
Principal Place of Business Mailing Address 105 LAKE MIRIAM DR., STE. 8 LAKELAND FL 33813 Description of the principal Place of Business LAKELAND FL 33813					1 10011001 110 10101 01111 09111 90311	BBIN 40ME BUE	T 1811(Q)1(E10 8)11E 1831 1831
					3. Date Incorporated or Qualified 08/30/1995	3a. Date	of Last Report
2. Principal Pla	ace of Business	2a. Mailing Address		,	4. FEI Number		Applied For
21		26		59-334347	9	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc 27		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		C/ty & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be	
Ζιρ	Country	Z(p	Country				Added to Fees
24	25	29	30	!	This corporation has liability for I Florida Statutes	intangible tax - □No	. under s. 199.032,
	9. Name and Address of Currer	11			10. Name and Address of New R		gent
			81	Name		3	5
	E, LAWRENCE H		82	Ctroot Add	ress (P.O. Box Number is Not Acceptab	ala)	
	Æ MIRIAM DR., STE. 8		02	Street Addr	ress (F.O. Box Number is not Acceptab	ле;	
LAKELAI	ND FL 33813		83				
			84	City	<u> </u>	FL	85 Zip Code
or registeri	o the provisions of Sections 607.0502 ed agent, or both, in the State of Flori n, and accept the obligations of, Sect	ida. Such change was authori	ized by the corp	named corpor voration's boar	ration submits this statement for the pur rd of directors. Thereby accept the appe	russes of obser	lging its registered office egistered agent. I am
SIGNATURE	· · · · ·						
12.	Signature Typed or protect name of a guiterest agent OFFICERS AN	tard fine magestable on the ST of th	13.	of Signal are for place		DATE	EVECTORO IVI A
TITLE	D	DELETE	1 1 Tif: F		ADDITIONS/CHANGES TO OFF	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	PLUMLEE, LAWRENCE H		1.2 NAME) Onlings
STREET ADDRESS	105 LAKE MIRIAM DR., STE.	8	- 1	T ADDRESS			
CITY - ST - ZIP	LAKELAND FL 33813		14 CHY-S	·			
TITLE	D	DELETE	2.1 1111.6	31.50	783377		Change [] Addition
NAME	LILLY, LEE F	_	2.2 NAME				
STREET ADDRESS	105 LAKE MIRIAM DR., STE.	8	2.3 STHEE!	T ADDRESS			
CITY - ST-ZIP	LAKELAND FL 33813		2.4 CITY - S	S1 - ZIP			
TITLE		DELETE	3 1 TITLE				Change
NAME			3.2 NAME	-			1
STREET ADDRESS			33 STREE	T ADURESS			
CITY-ST-ZIP			3.4 CITY - S	ŠI - ZIP			
THILE		DELETE	4 1 THE				Change 🔲 Addition
NAME			4.2 NAME				
STREET ADDRESS			43 STREET	FADDRESS			
CHTY-ST ZIP			4.4 C-1 r - S	ST - ZIF			
THTLE		DELETE	5 1 TiTLE				Change 🔲 Addition
NAME			5.2 NAME				
STREET ADDRESS			5 3 STHEET	I ADDRESS			
CITY - ST - ZIP			5.4 CHTY S	ST - 21F			
TillE		☐ DELEIF	€ 1 TITLE				Change 🔲 Addition
NAME			6.2 NAME				
STREEL ADDRESS			6.3.818881	I ADDRESS			
CITY - ST - ZIP	L		€ 4 CiTY _E S	ST-21P			

NING OFFICER OR DIRECTOR

pished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further hual report is true and accurate and that my signature shall have the same legal effect as if made under empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name 4/26/96 (941) 648-2841