


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000068267 (0)**

1. Corporation Name

**P & L ENTERPRISES LAKELAND, INC.**



Principal Place of Business <b>105 LAKE MIRIAM DR., STE. 8 LAKELAND FL 33813 3615 S. Florida Ave #1320 Lakeland FL 33803</b>	Mailing Address <b>105 LAKE MIRIAM DR., STE. 8 LAKELAND FL 33813</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 3615 S. Florida Ave. Suite, Apt. #, etc. 22 1320 City &amp; State 23 Lakeland FL Zip 24 33803</b>	2a. Mailing Address <b>25 3615 S. Florida Ave. Suite, Apt. #, etc. 27 1320 City &amp; State 28 Lakeland FL Zip 29 33803</b>
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3. Date Incorporated or Qualified <b>08/30/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-3343479</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>PLUMLEE, LAWRENCE H 105 LAKE MIRIAM DR., STE. 8 LAKELAND FL 33813</b>	
81 Name <b>Plumlee, Lawrence H</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>3615 S. Florida Ave. STE 1320</b>
83	
84 City <b>Lakeland</b>	85 Zip Code <b>FL 33803</b>

10. Name and Address of New Registered Agent	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D PLUMLEE, LAWRENCE H</b>
STREET ADDRESS	<b>105 LAKE MIRIAM DR., STE. 8</b>
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D LILLY, LEE F</b>
STREET ADDRESS	<b>105 LAKE MIRIAM DR., STE. 8</b>
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>3615 S. Florida Ave #1320</b>
1.4 CITY-ST-ZIP	<b>Lakeland, FL 33803</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>3615 S. Florida Ave #1320</b>
2.4 CITY-ST-ZIP	<b>Lakeland, FL 33803</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby 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 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.

SIGNATURE \_\_\_\_\_

CR2E034 (4/97)