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 # P9600001956 (7)

THREE "L" ENTERPRISES OF LAKELAND, INC.

Principal Place of Business

Mailing Address

FILED Feb 11 1997 8:00am Secretary of State



P. O. BOX 2484 LAKELAND FL 33806		P. O. BOX 2484 LAKELAND FL 33806-2484					
					3. Date Incorporated or Qualified 01/02/1996	3a. Date of Last	Report
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 2619,2625,2635 Lyonal Dec.				65-0685907			Not Applicable
Suite, Apt.	t etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	•	City & State			Election Campaign Financing Trust Fund Contribution	_	May Be
23 33840	D.S.A. Country	28	Country		This corporation has liability for intangible tax under s. 199.032,		
Zip	25	29	30	,	Florida Statutes Yes No		
24	9. Name and Address of Curr		30		10. Name and Address of New Re		
LIMP			81	Name		F	
	SAY, LYONAL B SR						
5230 SCOTT LAKE ROAD				82 Street Address (P.O. Box Number is Not Acceptable)			
LAKE	LAND FL 33813		83	1			
			84	City			ip Code
11 Purcuant t	o the provisions of Sections 607.0	502 and 607 1508. Florida Statu	ites the abov	re-pamed co	progration submits this statement for the p		a its registered
office or re agent. I as	egistered agent, fr both, in the Sta in familial with, also accept the ob-	ite of Florida. Such change was igations of Section 607.0505, F	authorized b lorida Statute	y the corpores.	orporation submits this statement for the pration's board of directors. I hereby accept	of the appointment	as registered
SIGNATURE	Its prose	Z101.	**		1/2	8/97	
40	Signature, typed or printed name of registered	agent and title if applicable. (NO ND DIRECTORS	TE: Registered Ag	ent signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	FRS AND DIRECT	ORS IN 12
12.		DELETE	1.1 TITLE	T		Chang	
TITLE	D CHARLES OF	precit	1.2 NAME	.	P.	~ ~ ~ =	
NAME	LINDSEY, LYONAL B SR			1	Lindsey Lyonal B.,		
\$1REE1 ADDRESS	5230 SCOTT LAKE ROAD			T ADDRESS	5230 Scott Lake RI		
CITY-ST-ZIP	LAKELAND FL 33813	DELETE	1.4 CITY- 2.1 TITLE		Lakeland, Fla. 3381	3 Chang	e K Modition
THILE		Doctett	2.2 NAME		VP		in the second
NAME					Terry Lindsey		
STREET ADDRESS				T ADDRESS	2212 Venetian Way	2220	
CITY-ST-ZIP		DELETE	2. 4 CITY- 3.1 TITLE		Winter Park, Fla.	32789 Chang	e ReAddition
TITLE					S/T		in Sections.
NAME			3.2 NAME	4	Lyonal B. Lindsey, 2522 Jonila Ave.	Jr.	
STREET ADDRESS				ET ADDRESS	· ·	2002	
CITY-SI-ZIP	. ,	DELETE	3.4. C(TY-		Lakeland, Fla. 3	3803	e Addition
TOTALE		L'I peret	4.1 TITLE	i		C viait	N L. NOUIIURI
NAME.			4. 2 NAM	-			
STREET ADDRESS				ET ADDRESS			
C 7Y-SI-7 P		T AFILTE	4.4 CITY -			Chang	ge Addition
TITLE		☐ DELETE	5.1 TITLE			ilii Ulkilli	Nonnoni
NAME			5.2 NAME				
STREET ADDRESS	•			et address			•
CITY - ST - ZIF		DE) ETE	54 City			Chang	ge Addition
TITLE		☐ DELETE	6 1 TITLE	i i		LT Cusui	le 🗂 vaostou
NAME			62 NAME	ļ			
STREET ADDRESS				ET ADDRESS			
CITY+ST-ZIP			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 21 or Block or on an attachment with an address. appears in Block 12 or Blog

HILYONNI BULINDSEY, SR /28/97