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

**PROFIT CORPORATION ANNUAL REPORT** 

**FILED** Mar 30 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

•	1998	DIVISION OF	CORPORATIONS	Secretary	or State
	MENT # P96000 ERN SANITARY AND MAIN	0016632 (7)	)		
300111	CUIA OUIANINII VIAD IAIVIIA	TENANOE, INC.		A MARKAGAN MIN TANA BANKA BANKA ARIKA ARIKA ARIKA ARIKA ARIKA ARI	AND BURNE BRIEF DINIE DIED JOEL
Principal Place of Business Mailing Address					7.6 81116 81180 11116 1161 1681
139 CONNIE LEE CT. P.O. BOX 91085 LAKELAND FL 33804 LAKELAND FL 33804					
	•		<b>、</b>	DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified 02/21/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3365252	Not Applicable
Suite, Apt.	#, 8tc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	<b>-</b>
24	25 25 Name and Address of Curren	29] nt Registered Agent	30	Personal Property Tax due June 30.  10. Name and Address of New Registered	
TAF	RA FINANCIAL SERVICES, INC.		81 Name		
489 W. MINNEHAHA AVE.			82 Street A	Address (P.O. Box Number is Not Acceptable)	
CLERMONT FL 34711			83		
			03		
			84 City	FI	85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.150B, Florida Statu	iles, the above-named	corporation submits this statement for the purpose poration's board of directors. I hereby accept the ap	of changing its registered
agent. I ar	m lamiliar with, and accept the obliga	ations of, Section 607.0505, F	lorida Statutes	oration's board of directors. Thereby accept the ap	pomment as registered
SIGNATURE .	Signature, typed or printed name of registered age	ant and title if applicable (NC	TE: Registered Agent signature	required when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TIFLE	PDS	DELETE	1.1 TITLE	PDS 1 T Kannal Se	Change Addition
NAME .	PETER SCOURAS		1.2 NAME	Howard J. Kennedy Sr. 139 Connie Lee Ct.	
STREET ADDRESS CITY-ST-ZIP	139 CONNIE LEE CT. LAKELAND FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Lakeland FL 33809	
TITLE		DELETE	2.1 TITLE	Editelland 10 2001	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME		□ octen	3.1 TILLE 3.2 NAME		C change C vocation
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE	——————————————————————————————————————	Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		I
STREET ADDRESS			5.3 STREET ADDRESS	•	
CITY-ST-ZIP		DECETE	5.4 CITY-ST-ZIP		Charge   Addition
TITLE		L DELETE	6.1 TITLE		Change L Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
indicated	on this consult conort or cumbiomonto	al appual report is true and as	curate and that my plac	d in Section 119.07(3)(i), Florida Statutes. I further c nature shall have the same legal effect as if made u	indor cath, that I am an
officer or of Block 12 of	director of the corporation or the rece or Block 13 if changed, or on an attack	eiver or trustee empowered to chment with an address.	execute this report as	required by Chapter 607, Florida Statutes; and that	my name appears in

Howard J. Kenned Sp. 3-16-98