## 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 # P96000024189 (8)

## **FILED** Mar 02 1998 8:00am Secretary of State

ROBER	T S. STROUD, INC.	. ,			
Principal Place	e of Business	Mailing Address		- I IBBLKONI KID SAILA BILILI BOLKI BOKIL ANILL ANDILL	i finit nindi dikan harik tahi dadi
501 S FLORIDA AVE LAKELAND FL 33801 LAKELAND FL 33801				DO NOT WRITE IN TH	HIS SPACE
l				3. Date Incorporated or Qualified	
				03/14/1996	
<b></b> ′	face of Businoss	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3371487	Not Applicable
Suite, Apt.	#, Đ(C.	Suite, Apl. #, etc.		6. Certificate of Status Desired	\$8.75 Additional
City & State		City & State	<del></del>		Fee Required
	в	·		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
<b>23</b> Zip	Country	<b>Z</b> (p)	Country	<del></del>	Added to Fees
24	25	29 3		<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	Yes No
	g. Name and Address of Curre		<u> </u>	10. Name and Address of New Register	
e T			81 Name		
STROUD, ROBERT S 501 S FLORIDA AVE 62 S					
LAKELAND FL 33801			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	1
	CEDARD I E 33001		83		
Į.					
			84 City		85 Zip Code
11. Pursuant l	to the provisions of Sections 607.05	02 and 607,1508, Florida Statutes	, the above-named corp		
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.					
_	The territor will be and account the conf	gx.co.r.o.o., 0000011 007.0000, 1101.	ou blaidios.		
SIGNATURE	Signature, typod or printed name of regulared ap	ent and title if applicable (NOTE: I	Registered Agent signature require	ed when reinstaling) DA	TE S
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE		Change Addition §
NAME	Stroud, Robert S		1.2 NAME		la la
STREET ADDRESS	501 S FLORIDA AVE		1.3 STREET ADDRESS		18
CITY-ST-ZIP	LAKELAND FL 33801		1.4 CITY - ST - ZIP		<u>`</u> 8
TITLE	DV	DELETE	2.1 TITLE		☐ Change ☐ Addition <
NAME	STROUD, RANDALL C		2.2 NAME		
STREET ADDRESS	501 S FLORIDA AVE		2.3 STREET ADDRESS	dij 🛶	
CITY-ST-ZIP	LAKELAND FL 33801		2.4 CITY-ST-ZIP	*** J***	
TITLE	DS	☐ DELETE	3.1 TITLE		Change Addition
NAME	STROUD, DAVID I		3.2 NAME		
STREET ADDRESS	501 S FLORIDA AVE		3.3 STREET ADDRESS		1
City-St-ZiP	LAKELAND FL 33801	T Drieve	3.4. CITY-ST-ZIP		[ ] ()
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4, 2 NAME		ļ
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Charge   Addition
TITLE		☐ ntrut	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		1
STREET ADDRESS			5 3 STREET ADDRESS		
CiTY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE			6.1 TITLE		LT CURNED LT MODICIÓN
NAME			6.2 NAME		}
STREET ADDRESS			6.3 STREET ADDRESS		
- CITY-ST-ZIP		al. at := F1:	6.4 CITY - ST - ZIP	Costine 440 07/0V9 Florida Chabitas 15 mbs	a coult the table information

s not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic s true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an mpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in