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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000036357 (7)

THE MORTON GROUP OF LAKELAND, INC.

Principal Place of Business Mailing Address 5015 SOUTH FLORIDA AVENUE, SUITE 409 POST OFFICE BOX 2294 LAKELAND FL 33813 LAKELAND FL 33806-2294 Principal Place of Business 2a. Mailing Address 2. 21 26

FILED Apr 16 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3 Date Incorporated or Qualified 04/26/1996 Applied For 59-3375015 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zıp Zφ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MADDEN, ROBERT L 5015 SOUTH FLORIDA AVENUE, SUITE 409 82 Street Address (P.O. Box Number is Not Acceptable) LAKELAND FL 33813 83 84 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE TITLE MADDEN, ROBERT L NAME 1.2 NAME 2426 JONILA AVENUE STREET ADORESS 1.3 STREET ADDRESS LAKELAND FL 33803 CITY-S1-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE MADDEN, GREGORY A 2.2 NAME NAME 317 MIRAMAR 2.3 STREET ADDRESS STREET ADDRESS LAKELAND FL 33803 2. 4 CITY - ST - ZiP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADORESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the informal indicated on this annual report in 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 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 on or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in one in an attack that my name appears in one in an attack that my name appears in one in an attack that my name appears in one in an attack that my name appears in one in a state of the contract of the officer or director of the coil Block 12 or Block 13 if cha

SIGNATURE