## 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 # 1. Corporation Name P96000040022 (1)

SOUTHERN TRUSS OF LAKELAND, INC.

## **FILED** Jul 22 1998 8:00am Secretary of State



Principal Place of Business		Mailing Address			
4922 DYER BI	LVD.	4922 DYER BLVD.			
WEST PALM BEACH FL 33407		WEST PALM BEACH FL 33407	1		
				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified 05/03/1996	
2. Principal Pl	ac <b>e o</b> f Business	2a. Mailing Address	0110	4. FEI Number	Applied For
21		26 401 Nonthlal	WISHE	65-0676783	Not Applicable
Suite, Apt. :	#, <b>e1</b> c.	Suite, Apt. #, etc. 27 2NU FLOC	_	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		28 North Palm Scale F1.		6. Election Campaign Financing	\$5.00 May Be
23		28 North Palm B	each 11.	Trust Fund Contribution	Added to Fees
Zip	Country	Zip 3 2 1/08	Country	8. This corporation owes or has paid the cu	rrent year Intangible
24	25	29 3 9 7 30			☐ Yes ☐ No
	9, Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered	Agent
BYER\$, JOHN C			81 Name		
4922 DYER BLVD.			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	ST PALM BEACH FL 33407		or offeet Addre	cas (r.o. box reumber is real recognition)	
			83		
			24 - 21		
			64 City	FL	85 Zip Code
11. Pursuant t	o the provisions of Sections 607.05	502 and 607.1508. Florida Statutes, th	ne above-named corpo	oration submits this statement for the purpose of	f changing its registered
office or re	ogistered ligent, or both, in the Sta	to of Florida. Such chango was autho	rized by the corporation	oration submits this statement for the purpose o on's board of directors. I hereby accept the app	pointment as registered
1	mamiliariwim, and accepture onli	igations of, Section Bett-0505, Florida	IN URAC	Til MH	00
SIGNATURE .	Signature Typed or printed name of moust of a	Averal and title if applicable (NOTE: Reg	stered Agent signature require	ed where reinstating	<b>7.0</b>
12.		·"	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	BYERS, JOHN C		1.2 NAME		
STREET ADORESS	<b>5 RABBITS RUN</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL	00440	1.4 CITY-ST-ZIP		
TITLE			2 1 TITLE		Change Addition
NAME		<del></del>	2.2 NAME		
<u> </u>			2.3 STREET ADDRESS		
STREET ADDRESS			1		
CITY-ST-ZIP			2. 4 CITY - ST - ZiP		Change Addition
TITLE			3 1 TITLE		C outride C vorition
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3 4. CITY-S1-ZIP		Change Address
TITLE		•	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	<u></u>		4.4 CHY-ST-ZIP		T 0.
TITLE		☐ DETE1E	5 1 TITLE		Change Addition
NAME		ı	52 NAME		
STREET ADDRESS		ı	5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS		1	6 3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	•	
2					

14. I 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 change it, or on an attachment with an address.