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FILED

Jun 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000068590 (4)

1. Corporation Name

FLORIDA'S BACKYARD INC.

Principal Place of Business

6770 US 27 NORTH  
LAKELAND FL 33860  
US

Mailing Address

P.O. BOX 2711  
LAKELAND FL 33860  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1996

4. FEI Number

59-3445066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 6770 US 27 North

2a. Mailing Address

26 P.O. Box 2096

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Sebring, FL

27 City & State

28 Lakeland, FL

24 Zip

25 Country

29 Zip

30 Country

U.S.

9. Name and Address of Current Registered Agent

KING, CLAUDIS E  
1247 E. EDGEWOOD DR.  
LAKELAND FL 33803-3223

10. Name and Address of New Registered Agent

81 Name

Claudius Elbert King

82 Street Address (P.O. Box Number is Not Acceptable)

Same

83

84 City

Same

FL

85 Zip Code

Same

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

Claudius E King 2-19-98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
STREET ADDRESS BRIDGES, WILLIM T  
CITY-ST-ZIP 1247 EDGEWOOD DR.  
LAKELAND FL 33803-3223

TITLE ☐ DELETE

NAME D  
STREET ADDRESS KING, CLAUDIS E  
CITY-ST-ZIP 1247 EDGEWOOD DR.  
LAKELAND FL 33803-3223

TITLE ☐ DELETE

NAME D  
STREET ADDRESS KING, ESSIE AVIS  
CITY-ST-ZIP 8311 SUNSET HARBOR RD.  
SUMMERFIELD FL 33870

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address.

SIGNATURE: Claudius E King 2-19-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0417070

CR2E034 (10/97)