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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000101507 1. Corporation Name

A & C OF LAKELAND, INC.

	•										
Principal Place of Business Mailing Address								i fåtifati tim samm mitte hatte anter		#1 <b>#</b> 1 (1 <b>#6</b> 1 <b>6</b> 111)	•
1626 SIR HENRY'S TRAIL 1626 SIR HEN			6 SIR HENRY'S TRAIL (ELAND FL 33809	HENRY'S TRAIL							
LAKELAND FL 33809 LAKELAND F			CECKINO I E 33003	NO 12 33003				DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualifed 12/13/1996		*	
2 Principal Pl	lace of Business	2a.	Mailing Address					4. FEI Number		- Ar	plied For
21			26					65-0721324			t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional
22			7					5. Certificate of Status Desired		Fee Re	equired
City & State			City & State					6. Election Campaign Financing		\$5.00	
23			8					Trust Fund Contribution		·	to Fees
Zip	Country	$\vdash$	Zip		intry			8. This corporation owes the current	nt year Inta	ingible ☐Yes	Æ]No
24	25	29 Series		30	1			Personal Property Tax.  10. Name and Address of New Re	gistered /		Zillo
	9. Name and Address of Current	Kegis	(Glec Agent		81	Name		To. Hallo and Addition of the Tree	gioto.co.	·Bo···	
DEATON, ANYA O					82			······································			
1626 SIR HENRY'S TR						Street A	Addres	s (P.O. Box Number is Not Acceptab	le)		
LAKELAND FL 33809							•				
					84	City		<u> </u>		85 Zip	Code
					ــــــــــــــــــــــــــــــــــــــ		FL				
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida, Such change was authoriz agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.</li> </ol>						tne corbo	corpor	s board of directors, i flereby accept	the appoin	inition as re	gistered
SIGNATURE	CAR O All	LA	5						DATE	<u> </u>	
12.	Signature, typed or posted name of registered agent OFFICERS ANI			Registered	Agen	it signature re	equined w	rhan reinstating) ADDITIONS/CHANGES TO OFF		D DIRECT(	DRS IN 12
TITLE	D	) DIIVE	DELETE	1.1 11	TLE					Change	☐ Addition
NAME	DEATON, ANYA O			1.2 N	AME						
STREET ADDRESS	1626 SIR HENRY'S TRAIL			1.3 S	REET	ADDRESS					
CITY-ST-ZIP	LAKELAND FL 33809			1.4 C	TY-\$1	T- ZIP					
TITLE	D		☐ DELETE	2.1 TI	TLE					☐ Change	Addition
NAME	DEATON, CHARLES			2.2 N	AME						
STREET ADDRESS	1626 SIR HENRY'S TRAIL			2.3 S	REET	ADDRESS					
CITY-ST-ZIP	LAKELAND FL 33809			2.40	ITY-S	T-ZIP					
TITLE			☐ DELETE	3.1 Ti	RΕ					☐ Change	☐ Addition
NAME				3.2 N	AME						,
STREET ADORESS	, , , , , , , , , , , , , , , , , , ,			3.3 \$	TREET	ADDRESS					}
CITY-ST-ZIP			- Contract		ITY-S	T-ZIP				[T] Change	Addition
TITLE	,		☐ DELETE	4.1 Ti						[_] Change	Addition
NAME ,				4.21							
STREET ADDRESS			•			ADORESS					
CITY-ST-ZIP			☐ DELETE	4.4 C	TY-SI TLE	1 · ZIP				Change	Addition
NAME	,		and section in	5.2 N		]				- •	_
STREET ADDRESS						ADDRESS		•		•	
CITY-ST-ZIP	* .			5.4 C	TY-S	T-ZIP					
TITLE	,		☐ DELETE	6.1 TI	TLE			-		Change	☐ Addition
11446				6.2 N	AME						

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, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

3-15-99 (941) 853.9664 Date Dayume Phone #

**FILED** 

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90123 009 \*\*\*150.00