## 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

P96000103408 (6) DOCUMENT #

RL CORP. OF LAKELAND

Principal Place of Business

Mailing Address

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



3437 U.S. 98 LAKELAND FI		3437 U.S. 98TH NORTH LAKELAND FL 33809			
				DO NOT WRITE IN THI	S SPACE
				12/19/1996	
	lace of Business	2a. Mailing Address	T	4. FEI Number	Applied For
21 /3/	<u> </u>	26		59-3415606	Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	KelAND FI	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
zip 33	1801 25 POIK	Zip <b>29</b>	Country 30	This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year Intangible Yes No
	9, Name and Address of Current	Registered Agent		10. Name and Address of New Registered	d Agent
	RGE, ROBERT		81 Name		
	1 <del>5 U.S. 985</del> Keland FL 33801		82 Street Add	dress (P.O. Box Number is Not Acceptable)	107h
			84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 _					
	Signature, lyped or printed name of registered agon		E: Registered Agent signature requ	uired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	LARGE, ROBERT	☐ DELETE	1 1 TITLE		Change Addition
NAME	1315 U.S. 98 S.		1.2 NAME		
STREET ADDRESS	LAKELAND FL		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	DAVEGRAPIE	DELETE	1.4 CITY - ST - ZIP		
NAME			2.1 TITLE		Change Addition
STREET ADDRESS			2.2 NAME		
CITY-ST-ZIP			2.3 STREET ADDRESS		
TIFLE		DELETE	2.4 CITY-ST-ZIP 31 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		El cliange El Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	- 10° - 10°	☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY-S1-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.