

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

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000000246 (3)**  
 1. Corporation Name  
**COLON & MEEKS, P.A.**

Principal Place of Business <b>170 NORTH FLORIDA AVENUE BARTOW FL 33830</b>	Mailing Address <b>170 NORTH FLORIDA AVENUE BARTOW FL 33830</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>2a.</b> Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
Zip	Country
<b>24</b>	<b>25</b>
<b>26</b> P.O. Box 130	<b>27</b> Bartow, FL
<b>28</b> 33831	<b>29</b> Polk

<b>3.</b> Date Incorporated or Qualified <b>01/01/1997</b>	Applied For Not Applicable
<b>4.</b> FEI Number <b>65-0714140</b>	<b>\$8.75 Additional Fee Required</b>
<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**9. Name and Address of Current Registered Agent**  
**COLON, GIL JR**  
**170 NORTH FLORIDA AVENUE**  
**BARTOW FL 33830**

**10. Name and Address of New Registered Agent**

<b>81</b> Name <b>Colon, Gil Jr</b>
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>5937 Coveview Dr. W.</b>
<b>83</b>
<b>84</b> City <b>Lakeland</b>
<b>85</b> Zip Code <b>33813</b>

**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: *[Signature]* DATE: **4/21/98**

**12. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE	
	<b>Director</b>	<b>Gil Colon Jr</b>	<b>5937 Coveview Dr. W</b>	<b>Lakeland, FL 33813</b>	
	<b>Director</b>	<b>Karen J. Meeks</b>	<b>1920 E. Edgewood Dr K-8</b>	<b>Lakeland, FL 33803</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>11</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12</b> NAME	
<b>13</b> STREET ADDRESS	
<b>14</b> CITY-ST-ZIP	
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	
<b>2.4</b> CITY-ST-ZIP	
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY-ST-ZIP	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY-ST-ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> 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: *[Signature]* (Gil Colon Jr) DATE: **4/21/98** PHONE: **941.534-3777**

CR2E034 (10/97)