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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #** P97000011172 (8)

E. A. PHELPS ENTERPRISES, INC.

## FILED Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 5361 NORTH SOCRUM LOOP ROAD 5361 NORTH SOCRUM LOOP ROAD LAKELAND FL 33009 LAKELAND FL 33809 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>01/30/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For 59-3424952 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes ☐ No 24 25 29 Personal Property Tax due June 30. 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 artman, stephen h 908 **SOUTH FLORIDA AVENUE** 82 Street Address (P.O. Box Number is Not Acceptable) COLONIAL BUILDING - #102 83 LAKELAND FL 33803 84 City 85 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1 t TiTLE TITLE NAME PHELPS, EDWIN A 1.2 NAME STREET ADDRESS 5361 NORTH SOCRUM LOOP ROAD 1.3 STREET ADDRESS LAKELAND FL 33809 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 2.1 TITLE Change TITLE NAME 22 NAME STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 City-St-ZiP DELETE Change Addition TITLE 3.1 TITLE NALIF 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZtP CITY-ST-ZIP DELETE Change ■ Addition TITLE 4.1 TOLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change 5.1 TITLE Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition 6.1 TITLE TITLE 6.2 NAME NAME

6.4 CITY-ST-ZIP 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

6.3 STREET ADDRESS

STREET ADDRESS

4/12/00

941 (053) -3900