

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

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AND
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98 NOV 10 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000079722 (9)**

1. Corporation Name

CENTRAL FLORIDA CAPITAL ENTERPRISES, INC.

Principal Place of Business

**5650 LAKE GROVE DRIVE
LAKELAND FL 33809**

Mailing Address

**5650 LAKE GROVE DRIVE
LAKELAND FL 33809**

REINSTATEMENT 98

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1997

4. FEI Number

59-3469232

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**ARTMAN, STEPHEN H
908 SOUTH FLORIDA AVE, SUITE 102
COLONIAL BLDG
LAKELAND FL 33803**

81. Name

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

500002689425--8

83.

-11/17/98-01048-015

84. City

*****750.00 ***750.00**

FL

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, 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)

DATE

11/09/98

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **SPENCE, PATRICK**
STREET ADDRESS **5650 LAKE GROVE DRIVE**
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **CEO** ☐ DELETE

NAME **FRANK Petersilie**
STREET ADDRESS **5650 Lake Grove Drive**
CITY-ST-ZIP **Lakeland, FL 33809**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE

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)(f), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-9-98

941-859-9480

Date

Daytime Phone # 0412578

CR2E034 (10/97)