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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000088979 (4)

JML CONSULTANTS OF LAKELAND, INC.

Principal Plac	e of Business	M	Mailing Address				T I DETINUTA I ILE ADIZA I BODIT BOTTA DOTAL BOTTA BOTTA DOTAL BOTTA DOTAL BOTTA IDALA	
6017 PIER PLACE DR.			6017 PIER PLACE DR.					
LAKELAND FL 33813		L	LAKELAND FL 33813				DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified	-
							10/15/1997	
2. Principal Place of Business			2a, Mailing Address				4. FEI Number . Applied For	
21			26				59-3477005   Not Applicab	е
Suite, Apt. #, etc.			Suite, Apt #, etc.				5. Certificate of Status Desired   \$8.75 Additional Fee Required	
City & State			City & State					_
23			28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country		Zip Country				8. This corporation owes or has paid the current year Intangible	_
24	25 29 30		30			Personal Property Tax due June 30. 🔀 Yes 🗌 No		
g. Name and Address of Curre			t Registered Agent				10. Name and Address of New Registered Agent	_
	water, Joseph G				61	Name		
2000 E. EDGEWOOD DR., STE. 10			3B			Street Add	dress (P.O. Box Number is Not Acceptable)	
LAI	KELAND FL 33803				83	<del></del>	<del> </del>	_
					84	City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the					pove	-named cor	rporation submits this statement for the purpose of changing its registered	ď
office or r agent. La	egistered agent, or both, i m familiar with, and accep	n the State of Florid If the obligations of	da. Such change was I, Section 607.05 <b>0</b> 5, F	authorized Iorida Stat	d by utes	the corpora	ation's board of directors. I hereby accept the appointment as registered	
SIGNATURE		,~						
	Signature, typed or printed name of			· • • • • • • • • • • • • • • • • • • •	l Age	nt signature requ	uired when reinstating) DATE	_
12.			ID DIRECTORS 1				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition	_
TITLE NAME	D LENNY, JAMES M		_				☐ Change ☐ Additio	u
STREET ADDRESS 6017 PIER PLACE DR.			1.2 NA			ADDRESS		
CITY-ST-ZIP LAKELAND FL 33813								
TITLE	En Partie 1 C 00070		DELETE		1.4 CITY - ST - 2 2.1 TITLE		☐ Change ☐ Additio	m In
NAME	AME		2		22 NAME		· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS			2.3 !		REET	ADDRESS		
CITY-ST-ZIP					2. 4 CITY-ST-ZIP			
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NAME			3.2 N		ME			
STREET ADDRESS				3.3 ST	REET	ADDRESS		
CITY-ST-ZIP	<del></del>		111 251 550		3.4. CITY-ST-ZIP			
TITLE					4.1 Title		Change Additio	n
NAME				4. 2 N				
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP				4.4 CITY-ST-ZIP		Change D Addition	_	
TITLE			C OUTCIE	5.1 TIT		ļ	Change Additio	11
NAME etreet annoesee				5.2 NA		ADDOCCC		
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP	<del>_</del>		DELETE	5.4 CIT 6.1 TIT		- ZIP	Change Additio	_
NAME			□ Deterie	6.2 NA		İ	C Cusuide C WOSign	11
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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 13 if changes, or on an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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CR2E034 (10/97)

**FILED** 

Feb 17 1998 8:00am

Secretary of State