## 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

DOCUMENT # S42145

(0)

**FILED** Apr 22 1998 8:00am Secretary of State

Principal Place 3200 MULFORD MULBERRY FL  2. Principal Pla	ROAD	Mailing Address 3200 MULFORD ROAD MULBERRY FL 33860		DO NOT WRITE IN THE  3. Date Incorporated or Qualified  03/29/1991  4. FEI Number	
Ī		26		59-3055978	Not Applicable
Sulte, Apt. #	f, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
		28	Country	Trust Fund Contribution	Added to Fees
Zip ¬	Country	Zip	30	This corporation owes or has paid the of Personal Property Tax due June 30.	
4	25 g. Name and Address of Currer	29 29 Agent	1901	10. Name and Address of New Registere	
320 Mul	LFORD, ANDY O MULFORD ROAD LBERRY FL 33860		83 84 City	ress (P.O. Box Number is Not Acceptable)	85 Zip Code
agent. I ar	n familiar with, and accept the oblig	tions it, Section 607.0505, i	-longa Sules.		- ·
SIGNATURE / 12. TITLE NAME	Signature, typed or printed name of registre diag	ANDONE OU	P. P. P. OTT: Bogist Agen: signature required to the signature require	poration submits this statement for the purpose tion's board of directors. I hereby accept the approach of directors and the purpose of the purpose tion's board of directors. I hereby accept the approach of the purpose tion's board of directors. I hereby accept the approach of the purpose tion's board of the	ND DIRECTORS IN 12
	Signature, typed or printed nation of registrated ag OFFICERS AN D MULFORD, ANDY 6314 WOODHAVEN DRIVE LAKELAND FL	port and title diapplicable. (No. NO. DIRECTORS DELETE	OTT - Regist Agent signature required to the	rod when reinstating) DATE	ND DIRECTORS IN 12 Change Addition
SIGNATURE  12.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	D MULFORD, ANDY 8314 WOODHAVEN DRIVE LAKELAND FL D CICI, LOUIS 4015 HIGHWAY 92 WEST	ANGREW 5.01 pent and tille if applicable. (No ND DIRECTORS	1 1.LE 1 ME 1 I FET ADDRESS	rod when reinstating) DATE	ND DIRECTORS IN 12 Change Additio
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	D MULFORD, ANDY 6314 WOODHAVEN DRIVE LAKELAND FL D CICI, LOUIS	port and title diapplicable. (No. NO. DIRECTORS DELETE	OTI Begist Agent signature required to the s	and when reinstelling)  ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12 Change Addition
SIGNATURE  12.  IIILE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	D MULFORD, ANDY 8314 WOODHAVEN DRIVE LAKELAND FL D CICI, LOUIS 4015 HIGHWAY 92 WEST	Port and title 4 applicable. (NO DIRECTORS  DELETE	OTI: Regist Agent signature required to the	and when reinstelling)  ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12 Change Addition Change Addition Change Addition
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	D MULFORD, ANDY 8314 WOODHAVEN DRIVE LAKELAND FL D CICI, LOUIS 4015 HIGHWAY 92 WEST	Protection of application. (No No DIRECTORS  DELETE  DELETE  DELETE	The property of the property o	and when reinstelling)  ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12 Change Addition Change Addition Change Addition

I nereby certify that the information supplied with this ming does not quality for impripriori 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 that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to exethis 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. AND ANDREW B. Multoad