FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90025 033 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUI	MENT # <b>S43941</b>	l I					
•	'S OFFSET PRINTING SER	VICE. INC.					
TOTINE	O OTTOLI TIMATINA OLI	, VIOL, 1110.				#(D)   #(#)  #(D)   #(	E
		•	;				
Principal Place	e of Business	Mailing Address			T (MB) (M) b tel didam (ilità (M)) andar (int m) her	AIRE ACON DERING	
101 W. MAIN S	· · · · · · · · · · · · · · · · · · ·	101 W. MAIN STREI	ET			•	
SUITE 123 SUITE 123					DO NOT WRITE IN THIS SPACE		
LAKELAND FL	33801	LAKELAND FL 3380	1	ŗ	Date incorporated or Qualified	3 SFACE	
					04/05/1991		
2 Dringing D	lace of Business	2a. Mailing Addres	·s		4. FEI Number	- Apr	olied For
21 Philicipal F	iace of Dramess	26			59-3058939	<u> </u>	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.			\$8.75 A	dditional
22		27	and a sequence	د د د میاندستان <sub>ارسیم</sub> اس	5. Certificate of Status Desired	Fee Re	quired
Citý & Stat	è	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip		intry	8. This corporation owes the current year la		□No
24	25	29	30		Personal Property Tax.  10. Name and Address of New Registered		
	9. Name and Address of Curre	nt Kegistered Agent		81 Name	10. Name and Address of New Registerer	1 Agont	
TUR	NER, RONALD J			<u> </u>		<u></u>	
101 W MAIN ST				82 Street Addi	ress (P.O. Box Number is Not Acceptable)		
SUITE 123				83			
LAKELAND FL 33815					*******		
*				84 City	F	L 85 Zip C	loae
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida	Statutes, the a	bove-named corp	poration submits this statement for the purpose of	of changing its	registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change	was authorized	on the corporation	on's board of directors. I hereby accept the app	ointment as reg	jistered
	**	AUDIS OI, DECIDITION	ios, i lorida olai	uics.			
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable.	(NOTE: Registered	Agent signature require			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	D.	☐ DEL		i		☐ Change	Addition
NAME	TURNER, RONALD J.		1.2 N	· · · · · · · · · · · · · · · · · · ·			ļ
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL	O DEI		ITY-ST-ZiP		Change	Addition
TITLE	D TUDNEO MEDIE O	☐ DEL	1			☐ Glange	
NAME	TURNER, MERLE S.		2.2 N	1			}
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP _	LAKELAND FL	☐ DEL		CITY-ST-ZIP		☐ Change	Addition
TITLE NAME			3.2 N	•			
	,			TREET ADDRESS			}
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ DEL				Change	☐ Addition
NAME		-		IAME			}
STREET ADDRESS				TREET ADDRESS			}
CITY-ST-ZIP			4.4 0	ITY-ST-ZIP			
TITLE		☐ DEL	.ETE . 5.1 T	me .		☐ Change	☐ Addition
NAME			5.2 N	AME			1
STREET ADDRESS			5.3 S	TREET ADDRESS			
CITY-ST-ZIP				ITY-ST-ZIP			
TITLE		☐ DEL				☐ Change	Addition
NAME			6.2 N		•		
STREET ADDRESS	1		6.3 S	TREET ADDRESS			ì

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 charged, or or any attagramment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP