

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V53908** (2)

1. Corporation Name  
**BR LAKELAND, INC.**



Principal Place of Business: **400 SOUTH FLORIDA AVENUE LAKELAND FL 33801**  
Mailing Address: **400 SOUTH FLORIDA AVENUE LAKELAND FL 33801**

3. Date Incorporated or Qualified: **07/28/1992** 3a. Date of Last Report: **02/21/1995**  
4. FEI Number: **59-3146933** 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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **400 SOUTH FLORIDA AVENUE LAKELAND FL 33801**  
2a. Mailing Address: **400 SOUTH FLORIDA AVENUE LAKELAND FL 33801**  
21. State, Apt. #, etc.: **FL**  
22. City & State: **LAKELAND FL**  
23. Zip: **33801**  
24. Country: **USA**

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET, SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name: \_\_\_\_\_  
82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
83 \_\_\_\_\_  
84 City: \_\_\_\_\_ 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, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when replacing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OLELS, ROBERT G</b>	1.2 NAME	
STREET ADDRESS	<b>400 SOUTH FLORIDA AVE.</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>LAKELAND FL 33801</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARKER, BILL</b>	2.2 NAME	
STREET ADDRESS	<b>1485 SHADEWELL CIRCLE</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>HEATHROW FL 32746</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WIGINTON, JOE</b>	3.2 NAME	
STREET ADDRESS	<b>311 SOUTH DOVER CT.</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>HEATHROW FL 32746</b>	3.4 CITY-STATE-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOOD, LARRY</b>	4.2 NAME	
STREET ADDRESS	<b>147 LIVE OAK ROAD</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>WINTER GARDEN FL 34787</b>	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, 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 of this attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 (941) 633-1000  
DATE DAY/STATE/PHONE #

CR2E034 (12/95)