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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:18

DOCUMENT # 748120 (3)

1. Corporation Name
LAKELAND COIN CLUB, INC.

Principal Place of Business	Mailing Address
615 MABEL AVE. P.O. BOX 2774 LAKELAND FL 33806 US	615 MABEL AVE P.O. BOX 2774 LAKELAND FL 33806 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2521738 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3280 Dove Lane	26 P.O. Box 2774
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Mulberry, FL	28 City & State: Lakeland, FL
24 Zip: 33860 25 Country: USA	29 Zip: 33806 30 Country: USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ZDANOWICZ, DAVID 614 MABEL AVE. LAKELAND FL 33801	81 Name: Allen Hearn 82 Street Address (P.O. Box Number is Not Acceptable): 3280 Dove Lane 83 84 City: Mulberry FL 85 Zip Code: 33860

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: Allen Hearn - PRESIDENT — 3/23/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P/D ☒ Change ☐ Addition
NAME	ZDANOWICZ, DAVID	12 NAME	Allen Hearn
STREET ADDRESS	615 MABEL AVE.	13 STREET ADDRESS	3280 Dove Lane
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP	Mulberry, FL 33860
TITLE	V	21 TITLE	V ☒ Change ☐ Addition
NAME	HEARN, ALLEN	22 NAME	J. D. Murphy
STREET ADDRESS	3280 DOVE LANE	23 STREET ADDRESS	38706 Piedmont Ave
CITY-ST-ZIP	MULBERRY FL	24 CITY-ST-ZIP	Zephyrhills, FL 33540
TITLE	D	31 TITLE	D ☒ Change ☐ Addition
NAME	HOEFLE, B. J.	32 NAME	B.J. Hoefle
STREET ADDRESS	1406 CLARENDON AVE.	33 STREET ADDRESS	1406 Clarendon Ave
CITY-ST-ZIP	LAKELAND FL	34 CITY-ST-ZIP	Lakeland, FL 33803
TITLE	S	41 TITLE	S ☒ Change ☐ Addition
NAME	YOUNG, EILLEEN	42 NAME	Eileen Young
STREET ADDRESS	448 VILLAGE CR., S.W.	43 STREET ADDRESS	448 Village Cr, S.W.
CITY-ST-ZIP	WINTER HAVEN FL	44 CITY-ST-ZIP	Winter Haven, FL 33880
TITLE	T	51 TITLE	T ☒ Change ☐ Addition
NAME	HESTER, HARVEY	52 NAME	Harvey Hester
STREET ADDRESS	618 W PATTERSON AVE	53 STREET ADDRESS	618 West Patterson St
CITY-ST-ZIP	LAKELAND FL	54 CITY-ST-ZIP	Lakeland, FL 33803
TITLE		61 TITLE	D ☐ Change ☒ Addition
NAME		62 NAME	Carrie Best
STREET ADDRESS		63 STREET ADDRESS	1610 Birchwood Loop
CITY-ST-ZIP		64 CITY-ST-ZIP	Lakeland, FL 33811

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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harvey Hester, Harvey Hester — 4/6/95 — (813) 686-6557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067077