FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:24

DOCUMENT # 768728 (8)

1. Corporation Name
NORTH LAKELAND MERCHANTS ASSOCIATION, INC.

Principal Place of Business
5320 U.S. HWY 98N
P.O.BOX 24551
LAKELAND FL 33809

Mailing Address
5320 U.S. HWY 98N
P.O.BOX 24551
LAKELAND FL 33809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/02/1983
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2482338 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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
JIM WAIBEL
439 HEATHERPOINT DRIVE
5320 U.S. HWY 98 N
LAKELAND FL 33809

10. Name and Address of New Registered Agent
81 Name: Mary D. Barrett
82 Street Address (P.O. Box Number is Not Acceptable): 2926 Forest Brook Dr. E
83
84 City: Lakeland, FL FL 85 Zip Code: 33809

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: Mary D. Barrett — 5/19/95
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	PD	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	WAIBEL, JIM	1.2 NAME		
STREET ADDRESS	439 HEATHERPOINT DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	MCKNIGHT, GARY	2.2 NAME		
STREET ADDRESS	540 WINDERMERE DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	BARRETT, MARY D.	3.2 NAME		
STREET ADDRESS	2926 FOREST BROOK DRIVE, E.	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	GURAN, ZEN	4.2 NAME	Terry Doster	
STREET ADDRESS	3311 HWY 98 N	4.3 STREET ADDRESS	3535 Crestwood St.	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	SD	5.1 TITLE	TD	☐ Change ☒ Addition
NAME	WALTERS, BETTY	5.2 NAME	David A. Fine	
STREET ADDRESS	1015 N COMBEE RD	5.3 STREET ADDRESS	115 E. Hibiscus Dr.	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	Lakeland, FL 3380[illegible]	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

REMITTED BY MAY 1

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: Mary D. Barrett — 4/27/95 — 688-1399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
or 680-5790

0068887