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CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 APR 25 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J15739** **(2)**

1. Corporation Name

SOUTHERN OFF-ROAD AND PERFORMANCE, INC.

Principal Place of Business	Mailing Address
% CHRISTOPHER L. HOFF 720 NORTH HWY. 17-92 LONGWOOD FL 32750	% CHRISTOPHER L. HOFF 720 NORTH HWY. 17-92 LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/22/1986**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business	2a. Mailing Address
21 Theodore F. Hoff	26 Theodore F. Hoff
Suite, Apt. #, etc. 22 720 N Hwy 17-92	Suite, Apt. #, etc. 27 720 N Hwy 17-92
City & State 23 Longwood FL	City & State 28 Longwood FL
Zip / Country 24 32750 / 25 Seminole	Zip / Country 29 32750 / 30 Seminole

4. FEI Number: **59-2673638** ☐ 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/will, for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HOFF, CHRISTOPHER L.
720 NORTH HWY. 17-92
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name: Theodore F Hoff
82 Street Address (P.O. Box Number is Not Acceptable): 720 N Hwy 17-92
83
84 City: Longwood **FL** 85 Zip Code: 32750

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: [signature] 4-20-95
Signature, typed or printed name of person signing 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	11 TITLE	P ☒ Change ☐ Addition
NAME	HOFF, CHRISTOPHER L.	12 NAME	Theodore F Hoff
STREET ADDRESS	308 WOOD ST.	13 STREET ADDRESS	1225 Spring Lake Drive
CITY-ST-ZIP	LAKE MARY FL	14 CITY-ST-ZIP	Orlando, FL
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	HOFF, THEODORE F.	22 NAME	
STREET ADDRESS	1225 SPRING LAKE DR	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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)(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 changed, or on an attachment with an address.

SIGNATURE: [signature] 042095 407-339-6755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Theodore F Hoff, President

0041418 CF