

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M74270** (3)

1. Corporation Name
LAKELAND DRUM SERVICE, INC.



Principal Place of Business
**BOX 2006
AUBURNDALE FL 33823**

Mailing Address
**BOX 2006
AUBURNDALE FL 33823**

3. Date Incorporated or Qualified 04/01/1988	3a. Date of Last Report 07/05/1995
4. FEI Number 59-2884408	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	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**GUY, RANDY C
2006 THORNHILL RD.
AUBURNDALE FL 33823**

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

Signature of Registered Agent (required when appointing)

Signature of Registered Agent (required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	☐ DELETE		☐ Change ☐ Addition
1. TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	☐ DELETE	1.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	☐ DELETE	1.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-STATE-ZIP	☐ DELETE	1.4 CITY-STATE-ZIP	☐ Change ☐ Addition
2. TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	☐ DELETE	2.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	☐ DELETE	2.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-STATE-ZIP	☐ DELETE	2.4 CITY-STATE-ZIP	☐ Change ☐ Addition
3. TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	☐ DELETE	3.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	☐ DELETE	3.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-STATE-ZIP	☐ DELETE	3.4 CITY-STATE-ZIP	☐ Change ☐ Addition
4. TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	☐ DELETE	4.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	☐ DELETE	4.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-STATE-ZIP	☐ DELETE	4.4 CITY-STATE-ZIP	☐ Change ☐ Addition
5. TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	☐ DELETE	5.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	☐ DELETE	5.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-STATE-ZIP	☐ DELETE	5.4 CITY-STATE-ZIP	☐ Change ☐ Addition
6. TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	☐ DELETE	6.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	☐ DELETE	6.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-STATE-ZIP	☐ DELETE	6.4 CITY-STATE-ZIP	☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-96

941-967-3388

CR2E034 (12/95)