

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90009 022 ***150.00

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1. Entity Name

SEMINOLE SPEED & STRENGTH, INC.



Principal Place of Business

CHMP TRAINING COMPLEX /FOOTBALL STADIUM
FLORIDA STATE UNIVERSITY
TALLAHASSEE, FL 32306

Mailing Address

CHMP TRAINING COMPLEX /FOOTBALL STADIUM
FLORIDA STATE UNIVERSITY
TALLAHASSEE, FL 32306



01182008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2880301

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

QUALLS, TIMOTHY T
225 S ADAMS ST STE 200
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME JOST, JON
STREET ADDRESS PO BOX 2195
CITY-ST-ZIP TALLAHASSEE, FL 32316

TITLE D
NAME HINGST, JOSH
STREET ADDRESS PO BOX 2195
CITY-ST-ZIP TALLAHASSEE, FL 32316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2718708

Date

Daytime Phone #