

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000030331 (1)**

1. Corporation Name

LANIER MINI MART, INC.

2. Principal Place of Business

**8727 PINE STREET
JACKSONVILLE FL 32234**

2a. Mailing Address

**8727 PINE STREET
JACKSONVILLE FL 32234**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3177541

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**

7. This corporation has liability for intangible tax under 1991 U.S.
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

24

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

29

30

9. Name and Address of Current Registered Agent

**LANIER, DAN C
8727 PINE STREET
JACKSONVILLE FL 32234**

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 or Designated Agent)

(Signature of Registered Agent or Designated Agent)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

**PTD
LANIER, DAN C
8727 PINE STREET
JACKSONVILLE FL 32234**

2. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

**SD
LANIER, GAYLA S
8727 PINE STREET
JACKSONVILLE FL 32234**

3. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

4. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

5. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

6. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

7. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

☐ Change ☐ Addition

2. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

☐ Change ☐ Addition

3. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

☐ Change ☐ Addition

4. TITLE

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☐ Change ☐ Addition

5. TITLE

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☐ Change ☐ Addition

6. TITLE

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CITY, ST., ZIP

☐ Change ☐ Addition

7. TITLE

NAME

STREET ADDRESS

CITY, ST., ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied on this report is voluntarily furnished and does not qualify for the exemption stated in Section 194.02(4)(a), Florida Statutes. Further, I certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect and binding force as that of the officer or director of the corporation on the return. I understand and agree to use this report as required by Chapter 194, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report. I am an officer or director of the corporation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95