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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 29 1997 8:00am  
Secretary of State

DOCUMENT # P93000069740 (7)

1. Corporation Name

LAKELAND BLIMPIE TEXACO LEASING CORP.

Principal Place of Business

C/O UNITED CORPORATE SERVICES INC.  
801 N.E. 167TH STREET STE. 300  
N. MIAMI BEACH FL 33162

Mailing Address

P. O. BOX 888305  
DUNWOODY GA 30356-0305  
US

3. Date Incorporated or Qualified

10/07/1993

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 P.O. BOX 888287

Suite, Apt. #, etc.

27 City & State

28 DUNWOODY, GA

Zip

29 30356-0287

Country

30 US

4. FEI Number

65-0444734

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

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES INC.  
801 N.E. 167TH STREET  
STE. 300  
N. MIAMI BEACH FL 33162

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

10. Name and Address of New Registered Agent

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME BARR, RAY A  
STREET ADDRESS 10 BANK STREET  
CITY-ST-ZIP WHITE PLAINS NY 10606

TITLE D ☒ DELETE

NAME SKUBICKI, MARK  
STREET ADDRESS 10 BANK STREET  
CITY-ST-ZIP WHITE PLAINS NY 10606

TITLE PS ☐ DELETE

NAME LEANESS, CHARLES  
STREET ADDRESS 740 BROADWAY  
CITY-ST-ZIP NEW YORK NY

TITLE V ☐ DELETE

NAME SIEGEL, DAVID L.  
STREET ADDRESS 740 BROADWAY  
CITY-ST-ZIP NEW YORK NY

TITLE VT ☐ DELETE

NAME SITKOFF, ROBERT  
STREET ADDRESS 1775 THE EXCHANGE  
CITY-ST-ZIP ATLANTA GA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☐ Change ☒ Addition

1.2 NAME DAVID L. SIEGEL  
1.3 STREET ADDRESS 740 BROADWAY  
1.4 CITY-ST-ZIP NEW YORK, NY 10003

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE PRESIDENT/SECRETARY/DIRECTOR ☐ Change ☐ Addition

3.2 NAME CHARLES G. LEANESS  
3.3 STREET ADDRESS 740 BROADWAY  
3.4 CITY-ST-ZIP NEW YORK, NY 10003

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 in an attachment with an address.

SIGNATURE:

ROBERT SITKOFF 4/22/97 770-984-2707

CR2E034 (9/96)