

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Mathram
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000021892 (2)**

1. Corporation Name
SOUTHERN OFF ROAD & PERFORMANCE OF GAINESVILLE, INC.

Principal Place of Business
**720 N HWY 17-92
LONGWOOD FL 32750**

Mailing Address
**720 N HWY 17-92
LONGWOOD FL 32750**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/22/1994** 3a. Date of Last Report

4. FFI Number **59-3054176** 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**

9. This corporation has filed its annual report for calendar year 1995 under 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. City & State

28. City & State

24. City & State

25. City & State

29. City & State

30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOFF, CHRISTOPHER L
720 N HWY 17-92
LONGWOOD FL 32750**

81. Name

82. Street Address, P.O. Box Number or Not Applicable

83. City

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.002 and 607.003, Florida Statutes, this above named corporation suggests 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 607.003, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required only if the Agent is not the corporation)

Signature of New Registered Agent (Required only if the Agent is not the corporation)

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

OFFICER/DIRECTOR	NAME	STREET ADDRESS	CITY, ST, ZIP
1	D HOFF, CHRISTOPHER L	720 N HWY 17-92	LONGWOOD FL 32750
2			
3			
4			
5			
6			
7			
8			
9			
10			

OFFICER/DIRECTOR	NAME	STREET ADDRESS	CITY, ST, ZIP	Change	Addition
11				<input type="checkbox"/>	<input type="checkbox"/>
12				<input type="checkbox"/>	<input type="checkbox"/>
13				<input type="checkbox"/>	<input type="checkbox"/>
14				<input type="checkbox"/>	<input type="checkbox"/>
15				<input type="checkbox"/>	<input type="checkbox"/>
16				<input type="checkbox"/>	<input type="checkbox"/>
17				<input type="checkbox"/>	<input type="checkbox"/>
18				<input type="checkbox"/>	<input type="checkbox"/>
19				<input type="checkbox"/>	<input type="checkbox"/>
20				<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.004 and Florida Statutes. I further certify that the information included 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 recipient or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of changes or on an attachment with an address.

SIGNATURE:
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHRISTOPHER L HOFF

042095 407-339-6755