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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

1996

P94000021892 (2)

SOUTHERN OFF ROAD & PERFORMANCE OF GAINESVILLE, INC.

Principal Place of Business 720 N HWY 17-92

**DOCUMENT #** 

Mailing Address

720 N HWY 17-92



Suite, Apt. #, etc.  Suite, Apt. #, etc.  5. Certificate of Status Desired Fee Required  City & State  City & State  City & State  28  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Suite, Apt. #, etc.  5. Certificate of Status Desired  Fee Required  Fee Required  Fee Required  Trust Fund Contribution  Added to Fees  Added to Fees	LONGWOOD FL 32750		LONGWOOD FL 32750									
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THE PURSUANT to the provisions of Sections 607 05:02 and 607 15:08, if foreits Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am registered agent or both, in the State of Foreids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am section of the composition's board of directors. I hereby accept the appointment as registered agent. I am section of the composition's board of directors. I hereby accept the appointment as registered agent. I am section of the composition's board of directors. I hereby accept the appointment as registered agent. I am section of the composition of the composit	LONG	VOOD FL 32750		8	13							
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Signature   Sign									FL	1 1	,	
SIGNATURE	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.											
THE	SIGNATURE Signature, by end or printed name of registered agent and bits if applicable. (MOTE: First stored Agent signature resource when reinstating) DATE											
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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 on an attachment with an address

SIGNATURE:

Christoph
HLFF
SIGNATURE AND TYPEGOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/67.339-675