

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1996 MAY -1 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000046451 (8)

1. Corporation Name

LASH AUTO SALES, INC.



Principal Place of Business

831 EAST MEMORIAL BOULEVARD
LAKELAND FL 33801

Mailing Address

831 EAST MEMORIAL BOULEVARD
LAKELAND FL 33801

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LASH, ROBERT K JR.
831 EAST MEMORIAL BOULEVARD
LAKELAND FL 33801

81 Name

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

83

84 City

FL

85 Zip Code

10. 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 607.0503, Florida Statutes.

SIGNATURE:

[Signature]
Signature, typed or printed name of registered agent or officer (if applicable)

(If filer is Registered Agent, signature required; if not, none needed)

DATE:

4-24-96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
LASH, ROBERT K JR.
1312 JAFFA
LAKELAND FL 33801

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
LASH, STEPHEN F
4828 FOXRUN
LAKELAND FL 33813

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
LASH, ROBERT K SR.
3435 CRESTWOOD DRIVE
LAKELAND FL 33801

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
KITE, PATRICK A
6021 E HILLTOP LANE
LAKELAND FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

4000001824504
-05/16/96--01083--002
****200.00 ****200.00

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

5005-144

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment to an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 (911) 683-5865
DATE DAYTIME PHONE #

CR2E034 (12/95)