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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State DIVISION OF CORPORATIONS

1996

| DOCUN 1. Corporation | Name | # 1940 LUB, INC. | 0005612 | :2 (2) | | | | | | |
|---|--------------------------------------|----------------------------|--|---------------------------------------|----------------------|----------------------|---|---|----------------------------|--------------------|
| 3 4 5 1 | DAITOL O | 10D, 1140· | | | | | | | | |
| Principal Place | of Business | | Mailing Addri | | | | I 10#110F1 110 10011 01 | | DI BILLIN DELET ILI | NE 16010 (181 1881 |
| 3966 MINNOW CREEK DR. SPRING HILL FL 34607 | | | 3366 MINNOW CREEK DR. SPRING HILL FL 34607 | | | | | | | |
| | | | | | | | 3. Date Incorporated or 07/28/1994 | Qualified 3a. [| Date of Last F 06/05/19 | |
| 2. Principal Pla | ice of Busines | SS | | 2a. Mailing Address | | | 4. FEI Number | | | Applied For |
| Suite, Apt. #, etc. | | | 26 | Suite Apt. #, etc | | | 59-3256243 Not Applicable \$8.75 Additional | | | |
| 22 Suite, Apt. # | r, etc. | | 27 Solite Apr | ├ | | | 5. Certificate of Status Desired Fee Required | | | |
| City & State | | | City & St | City & State | | | 6. Election Campaign Financing \$5.00 May Be | | | |
| 23 | | | 28 | | | | Trust Fund Contribut | | | ed to Fees |
| Ζφ 24 | \- <u>-</u> | Country | Zip [29] | ŀ | Country | , | 8. This corporation has Florida Statutes | liability for intanglal | | 199.032, |
| 24 25 29 29 9. Name and Address of Current Registered A | | | | 30 Agent | | | 10. Name and Address of New Registered Agent | | | |
| | | <u> </u> | | | 81 | Name | SMITTY SMIT | H | - | |
| CHARNO | OCK, WILLIA | AM T III | | | 82 | Street Add | ress (P.O. Box Number is No | | | |
| 5370 SPRING HILL DR. | | | | | | 1: | 3151 SPRING | | /E | |
| SPRING | HILL FL 34 | 606 | | | 83 | | | | | |
| | | | | | 84 | | | | 85 Z | ip Code 34609 |
| 11. Pursuant to | o the provisio | ns of Sections 607.0 | 0502 and 607,1508. FI | orida Statutes | the above | named como | NG HILL ration submits this statemen | t for the numose of | charging its | registered office |
| or registere | ed agent, or t | ooth, in the State of f | lorida. Such change v So bline 6 07 0505. Elor | vas authorized Jai S atutes | t by the corp | oration's boa | ro of directors. Thereby acco | ept the appointmen | t as registere | dlagent. Fam |
| SIGNATURE _ | | | | $-\lambda$ | | ITTY : | | 5/20 | | |
| SIGNATURE _ | Signature typed o | | agentan of the magnerates | * Tibote | Hajaberat Aje | r" Signature require | all when two stating | [A] | | |
| 12. | D | OFFICERS | | DELETE | 13. | | ADDITIONS/CHANG | ES TO OFFICERS A | AND DIRECT | |
| TITLE | _ | SON, JAMES B | Ц | DECTIE | 1 1 TITLE 12 NAME | | | | Grange | ☐ Yourson |
| NAME OTDEET ADDRESS | STREET ADDRESS 3366 MINNOW CREEK DR. | | | | | T ADDRESS | | | | |
| CITY-ST-ZIP | | HILL FL 34607 | | | 14 CHTY - | | | | | |
| TITLE | | | | DELETE | 2 1 DTLE | 3. 21. | | | ☐ Change | Addition |
| NAME | | | | | 2.2 NAME | | | | | |
| STREET ADDRESS | | | | | 2.3 STREE | LADDRESS | | | | |
| CITY - ST - ZIP | | | | | 2 4 CITY - | ST-ZIP | | | | |
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| TITLE | | | Ы | Ditti | 4 1 111LF 42 NAME | | | | L.J Orlange | |
| NAME STREET ADDRESS | | | | | | LADDRESS | | | | |
| City - \$1 - ZiP | | | | | 44 CilY- | - 1 | | | | |
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| NAME | | | | | 5.2 NAME | 1 | | | | |
| STREET ADDRESS | | | | | 53 STREE | T ADDRESS | | | | |
| CITY-ST-ZIP | | | | | 5.4 CHTY - | ST-7IP | | | | <u></u> |
| TITLE | | | | DELETE | 6 1 TITLE | | | | Change | Addition |
| NAME | | | | | 6.2 NAME | | | | | |
| STREET ADDRESS | | | | | | T ADDRESS | | | | |
| CITY - ST - ZIP | 176 11 4 | | Sand with this floor in | dumbach diseria | 6 4 CITY | | for the exemption stated in S | Postion 110.07/9/14 | Florido Stati | too I feether |

reaching that the information indicated on this annual report or supplemental annual report is true and document 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.

5/29/96 352-596-0661