

**FILE NO. V: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

MAY - 1 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000081136 (1)**

1. Corporation Name

**SOUTHERN OFF ROAD OF FLORIDA, 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

11/04/1994

3a. Date of Last Report

4. FEI Number

59-3281836

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

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

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

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 (print or typed name of registered agent and title if applicable)

8431E Registered Agent Signature Required when Resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

HOFF, CHRISTOPHER L

STREET ADDRESS

720 N HWY 17-92

CITY ST ZIP

LONGWOOD FL 32750

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

Change  Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

Change  Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

Change  Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

Change  Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

Change  Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

Change  Addition

62 NAME

63 STREET ADDRESS

64 CITY ST ZIP

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)(b), 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 this 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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

CHRISTOPHER L HOFF

4-12-95

Date

407-339-6755

Typed Name