FILE NOW: FILING FEE AFTER MAY 1 IS $2■5.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMEN■F STATE
Sandra B. Morth■
Secretary of St■
DIVISION OF CORPO■TIONS

DOCUMENT # **P95000065782 (1)**

1. Corporation Name
LEN'S MOBIL MART, INC.

Principal Place of Business
2908 S. FLORIDA AVENUE
LAKELAND FL 33803

Mailing Address
2908 S. FLORIDA AVENUE
LAKELAND FL 33803

3. Date Incorporated or Qualified: 08/23/1995
3a. Date of Last Report:

4. FEI Number: 59-3338071 ☐ 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 — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

9. **Name and Address of Current Registered Agent**

BARRAND, LENNOX R
2908 S. FLORIDA AVENUE
LAKELAND FL 33803

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 ■ove-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 t■ 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, typed or printed name of registered agent and title if applicable) (NOTE: Reg■ Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ DELETE
NAME	lennox R. BARRAND	
STREET ADDRESS	922 LK Hollingsworth DR	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	VICE PRESIDENT	☐ DELETE
NAME	lennie R. BARRAND	
STREET ADDRESS	2150 MAPLEHILL DR	
CITY-ST-ZIP	LAKELAND, FL 33811	
TITLE	SEC - TREASURER	☐ DELETE
NAME	INA BARRAND	
STREET ADDRESS	922 LK HOLLINGSWORTH DR	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished ■ 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 rep■ 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 em■powered 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: L.R. Barrand — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-96 Date

941-686-3543 Daytime Phone #

SG 5-1-96

0322129 CP