

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90243 005 ***150.00

DOCUMENT # P95000065782

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/23/1995

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No.

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name Barrand, Lennie R.

82 Street Address (P.O. Box Number is Not Acceptable)
2908 S. FLORIDA AVE

83

84 City Lakeland

FL

85 Zip Code 33803

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 Lennie R. Barrand

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1-20-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME BARRAND, LENNOX R
STREET ADDRESS 922 LAKE HOLLINGSWORTH DR
CITY-ST-ZIP LAKELAND FL 33803

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

TITLE ST
NAME BARRAND, INA M
STREET ADDRESS 922 LAKE HOLLINGSWORTH DR
CITY-ST-ZIP LAKELAND FL

2.1 TITLE Vice President
2.2 NAME BARRAND, INA M
2.3 STREET ADDRESS 922 LK Hollingsworth DR
2.4 CITY-ST-ZIP Lakeland, FL 33803

TITLE V
NAME BARRAND, LENNIE R
STREET ADDRESS 2150 MAPLE HILL DR
CITY-ST-ZIP LAKELAND FL 33811

3.1 TITLE President
3.2 NAME Barrand, Lennie R
3.3 STREET ADDRESS 2150 Maple Hill DR
3.4 CITY-ST-ZIP Lakeland, FL 33811

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Sec-Treas
4.2 NAME Barrand, Terry L
4.3 STREET ADDRESS 2150 Maple Hill DR
4.4 CITY-ST-ZIP Lakeland, FL 33811

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 with an address, with all other like empowered.

SIGNATURE: Lennie R. Barrand

DATE 1-20-99 941-686-3543

CR2E034 (11/98)