

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

DOCUMENT # **S73554 (5)**

1. Corporation Name
98 PIT STOP INC.



Principal Place of Business: **4980 HWY. 98 NORTH LAKELAND FL 33809**
 Mailing Address: **8606 PLANTATION RIDGE BLVD LAKELAND FL 33809 US**

3. Date Incorporated or Qualified: **08/15/1991**
 3a. Date of Last Report: **04/11/1995**

2. Principal Place of Business
 21 **4444 U.S. Hwy 98 North**
 Suite, Apt. #, etc.
 22 **# 743**
 City & State
 23 **Lakeland, Florida**
 Zip Country
 24 **33809** 25 **Polk**

2a. Mailing Address
 26 **4444 U.S. Hwy 98 North**
 Suite, Apt. #, etc.
 27 **# 743**
 City & State
 28 **Lakeland, Florida**
 Zip Country
 29 **33809** 30 **Polk**

4. FEI Number: **59-3078527**
 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

9. Name and Address of Current Registered Agent
**JOHNSON, DAVID L.
 8606 PLANTATION RIDGE BLVD
 LAKELAND FL 33809**

10. Name and Address of New Registered Agent
 81 Name: **Johnson, David L.**
 82 Street Address (P.O. Box Number is Not Acceptable): **4444 U.S. Hwy 98 North**
 83 **# 743**
 84 City: **Lakeland** FL 85 Zip Code: **33809**

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 607.0503, Florida Statutes.

SIGNATURE: *David L. Johnson* DATE: **4-12-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1. TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DAVID L.	12. NAME	Johnson, David L.
STREET ADDRESS	8606 PLANTATION RIDGE	13. STREET ADDRESS	4444 U.S. Hwy 98 North # 743
CITY-ST-ZIP	LAKELAND FL	14. CITY-ST-ZIP	Lakeland, FL. 33809
TITLE	ST	2. TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, LOIS	22. NAME	Johnson, Lois L.
STREET ADDRESS	8606 PLANTATION RIDGE	23. STREET ADDRESS	4444 U.S. Hwy. 98 North # 743
CITY-ST-ZIP	LAKELAND FL	24. CITY-ST-ZIP	Lakeland, FL. 33809
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		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)(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 with an address.

SIGNATURE: *David L. Johnson* DATE: **4-12-96** (941) 859-1684

CR2E034 (12/95)