

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northum
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 17 PM 3:20

DOCUMENT # S77220 (9)

1. Corporation Name

LAKELAND DRAG STRIP INC.

Principal Place of Business

8100 HWY 33 N
LAKELAND FL 33809
US

Mailing Address

8100 HWY 33 N
LAKELAND FL 33809
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/30/1991	3a. Date of Last Report 04/20/1994
4. FEI Number 59-3072965	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. 190.032, Florida Statutes ☐ 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	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

SPIKER, ROY E., SR.
8100 HWY 33 N
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
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

(If printed, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SPIKER, ROY E., SR.	1.2 NAME	
STREET ADDRESS	8100 HWY 33 N	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☒ Change ☐ Addition
NAME	MUELLER, CHRIS B	2.2 NAME	MUELLER Chris B
STREET ADDRESS	2918 WALLACE AVE	2.3 STREET ADDRESS	8100 HWY 33 N.
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Lakeland, FL 33809
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 110.07(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 liquidator thereof; 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 liquidator thereof; 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 liquidator thereof; and that my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Chris B. Mueller VP Chris B. Mueller 2-14-95 813-984-1145