FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Secretary of State
Tallahassee, Florida

APPROVED AND FILED

95 MAY -1 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S77532 (7)

1. Corporate Name
LEMON STREET STATION, INC.

Principal Place of Business
309-311 ST JOHNS AVE
PALATKA FL 32177

Mailing Address
309-311 ST JOHNS AVE
PALATKA FL 32177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/28/1991
3a. Date of Last Report: 08/15/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
County — 25 / 30

4. FEI Number: 59-3080244 — 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
STUMBO, WANDA M.
309-311 ST JOHNS AVE
PALATKA FL 32177

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: Wanda M Stumbo
Name of Agent - printed name (signature appears above) — Registered Agent signature (signature appears above) — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D	1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	STUMBO, WANDA M.	1.2 NAME	
1.3 STREET ADDRESS	STAR RT 2 BOX 229	1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	SATSUMA FL	1.4 CITY, ST, ZIP	
2.1 TITLE	D	2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	NUNLEY, LORRAINE	2.2 NAME	
2.3 STREET ADDRESS	RT. 1, BOX 4028	2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	PALATKA FL	2.4 CITY, ST, ZIP	
3.1 TITLE		3.1 TITLE	☐ Change ☐ Addition
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP		3.4 CITY, ST, ZIP	
4.1 TITLE		4.1 TITLE	☐ Change ☐ Addition
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP		4.4 CITY, ST, ZIP	
5.1 TITLE		5.1 TITLE	☐ Change ☐ Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP		5.4 CITY, ST, ZIP	
6.1 TITLE		6.1 TITLE	☐ Change ☐ Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I 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)(i), Florida Statutes. I further certify that the information contained in the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 on reverse or on an attachment with an address.

SIGNATURE: Wanda M Stumbo — 4-29-95 — 904-325-8624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
WANDA M. STUMBO

0404456 FP