

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V61228** (5)

1. Corporation Name  
**SECONDS & SURPLUS, INC.**



Principal Place of Business: **808 E. ROSE STREET LAKELAND FL 33801 US**  
Mailing Address: **808 EAST ROSE STREET LAKELAND FL 33801 US**

3. Date Incorporated or Qualified: **08/31/1992**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **8240 US98 North**  
2a. Mailing Address: **Same**

4. FEI Number: **59-3140703**  
Applied For:  Not Applicable

22. Suite, Apt. #, etc.:  
27. Suite, Apt. #, etc.:

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

23. City & State: **LICID, FLA**  
28. City & State:

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

24. Zip: **33809** 25. County: **Polk**  
29. Zip: 30. Country:

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**MOORE, MICHAEL P.  
808 E. ROSE STREET  
LAKELAND FL 33801**

10. Name and Address of New Registered Agent  
81. Name:  
82. Street Address (P.O. Box Number is Not Acceptable):  
83. City:  
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 607.0509, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and principal place of business. NOTE: Registered Agent signature required when not signing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, MICHAEL P.</b>	1.2 NAME
STREET ADDRESS	<b>740 E LOWELL ST</b>	1.3 STREET ADDRESS
CITY - ST - ZIP	<b>LAKELAND FL</b>	1.4 CITY - ST - ZIP
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, DEBORAH A.</b>	2.2 NAME
STREET ADDRESS	<b>740 E LOWELL ST</b>	2.3 STREET ADDRESS
CITY - ST - ZIP	<b>LAKELAND FL</b>	2.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY - ST - ZIP		3.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY - ST - ZIP		4.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY - ST - ZIP		5.4 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY - ST - ZIP		6.4 CITY - ST - ZIP

**8040 PARK BYRD RD.  
LAKELAND, FL 33809**

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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: Michael P. Moore  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 941-815-9811  
DATE OF FILING DAY OF FILING

CR2E034 (12/95)