FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 359143

1. Corporation Name

The Orange Shop, Inc.

Principal Place of Business	Mailing Address
18545 U.S. Hwy 301 No. Citra, FL 32113	P.O. Box 125 Citra, FL 32113

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1970

3a. Date of Last Report: 3/18/94

21 2. Principal Place of Business

22 Suite, Apt. #, etc.

23 City & State

24 Zip 25 County

26 2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip 30 County

4. FEI Number: 59-1285008 ☐ 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

7. This corporation has qualify for exemption tax under S. 196.052, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Robbie G. Mosley
17828 N.E. 18th Avenue
Citra, Fla. 32113

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 (Required) (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
01 TITLE	VD	11 TITLE ☐ Change ☐ Addition
02 NAME	Perry, Charles W.	12 NAME
03 STREET ADDRESS	Highway 301	13 STREET ADDRESS
04 CITY ST ZIP	Citra, FL 32113	14 CITY ST ZIP
05 TITLE	D	21 TITLE ☐ Change ☐ Addition
06 NAME	Lemasters, Shelby D.	22 NAME
07 STREET ADDRESS	5 Ridge Trail	23 STREET ADDRESS
08 CITY ST ZIP	Ormond Beach, FL	24 CITY ST ZIP
09 TITLE	D	31 TITLE ☐ Change ☐ Addition
10 NAME	Lemasters, W. Steven	32 NAME
11 STREET ADDRESS	23 Northfield Gate	33 STREET ADDRESS
12 CITY ST ZIP	Pittsford, NY	34 CITY ST ZIP
13 TITLE	D	41 TITLE ☐ Change ☐ Addition
14 NAME	Lemasters, John N. III	42 NAME
15 STREET ADDRESS	21322 Harrow Ct.	43 STREET ADDRESS
16 CITY ST ZIP	Boca Raton, FL	44 CITY ST ZIP
17 TITLE	ST	51 TITLE ☐ Change ☐ Addition
18 NAME	Perry, Vivian E.	52 NAME
19 STREET ADDRESS	2310 N.E. 185th Pl.	53 STREET ADDRESS
20 CITY ST ZIP	Citra, FL 32113	54 CITY ST ZIP
01 TITLE	PD	61 TITLE ☐ Change ☐ Addition
02 NAME	Lemasters, John N.	62 NAME
03 STREET ADDRESS	5 Ridge Trail	63 STREET ADDRESS
04 CITY ST ZIP	Ormond Beach, FL	64 CITY ST ZIP

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****200.00 ****200.00

REMITTED BY MAY 1

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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)(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.

SIGNATURE: Vivian E. Perry — May 10, 1995 — 904-595-3183

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #