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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:57

DOCUMENT # **168401** **(8)**

1. Corporation Name

SUNSHINE-JR. STORES, INC.

Principal Place of Business	Mailing Address
109 W. 5TH STREET PANAMA CITY FL 32401 US	109 W. 5TH ST. PANAMA CITY FL 32401 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/24/1952
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-0669576 ☐ 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

SHOUSE, ROLLIN M
109 W. 5TH ST.
PANAMA CITY FL 32401

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 _____ (Signature, type or print name of registered agent, and title if applicable) (NOTE: Registered Agent signature required where indicated) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	11 TITLE	V	☐ Change ☒ Addition
NAME	MARTIN, PAUL W. JR.	12 NAME	Michael G. Ware	
STREET ADDRESS	6529 CENTRAL AVE	13 STREET ADDRESS	2856 Harrison Avenue, #H	
CITY ST ZIP	ST PETERSBURG FL 33710	14 CITY ST ZIP	Panama City, FL 32405	
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	KING, CLYDE M.	22 NAME		
STREET ADDRESS	121 MARLIN CIRCLE, BAY POINT	23 STREET ADDRESS		
CITY ST ZIP	PANAMA CITY FL 32407	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	LEWIS-BRENT, LANA JANE	32 NAME		
STREET ADDRESS	413 W 5TH ST	33 STREET ADDRESS		
CITY ST ZIP	PANAMA CITY FL 32402	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	PEDOTO, JOSEPH A.	42 NAME		
STREET ADDRESS	49 E 4TH ST, #521	43 STREET ADDRESS		
CITY ST ZIP	CINCINNATI OH 45202	44 CITY ST ZIP		
TITLE	PTD	51 TITLE		☐ Change ☐ Addition
NAME	SHOUSE, RON M.	52 NAME		
STREET ADDRESS	2712 PEMBROKE	53 STREET ADDRESS		
CITY ST ZIP	PANAMA CITY FL 32402	54 CITY ST ZIP		
TITLE	S	61 TITLE		☐ Change ☐ Addition
NAME	MERCER, JOHN D.	62 NAME		
STREET ADDRESS	314 FLOYD DR	63 STREET ADDRESS		
CITY ST ZIP	LYNN HAVEN FL 32444	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)(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: _____ Ron M. Shouse
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

Date

(904) 769-1661
Daytime Phone #

0029032 CP