FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **171619** **(0)**

1. Corporation Name
PALATKA NOVELTY SHOP, INC.

Principal Place of Business	Mailing Address
902-903 KIRBY STREET PALATKA FL 32177 US	2509 WESTOVER DRIVE PALATKA FL 32177

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/01/1953	3a. Date of Last Report: 03/03/1994
4. FEI Number: 59-0694942	☐ 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	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SMITH,ROBERT 2509 WESTOVER DR. PALATKA FL 32177	81 Name: Smith, Patricia K. 82 Street Address (P.O. Box Number is Not Acceptable): 2509 Westover Drive 83 84 City: Palatka, FL 85 Zip Code: 32177

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: Patricia K Smith — Patricia K. Smith, PS&T — 2-15-95
(Signature, 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	
TITLE	X0	11 TITLE	X Change ☐ Addition
NAME	XSMITH,ROBERT F	12 NAME	
STREET ADDRESS	X2509 WESTOVER DR.	13 STREET ADDRESS	
CITY ST ZIP	XPALATKA FL	14 CITY ST ZIP	
TITLE	S	21 TITLE	X Change ☐ Addition
NAME	SMITH,PATRICIA K	22 NAME	P S & T
STREET ADDRESS	2509 WESTOVER DR.	23 STREET ADDRESS	Smith, Patricia K.
CITY ST ZIP	PALATKA FL	24 CITY ST ZIP	2509 Westover Drive Palatka, FL 32177
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	400001415224
CITY ST ZIP		44 CITY ST ZIP	-02/24/95--01104--022
TITLE		51 TITLE	****200.00 ☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	2/23/95 ☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	955
CITY ST ZIP		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: Patricia K Smith — 2-22-95 — 904-325-5411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Patricia K Smith

0015040 CP