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
95 JAN 27 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 194942 (9)

1. Corporation Name
ROSS OF FLORIDA INC

Principal Place of Business	Mailing Address
2765 US HWY 92 W PO BOX 1029 LAKELAND FL 33802	2765 US HWY 92 W PO BOX 1029 LAKELAND FL 33802

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified: 07/09/1950
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-0773360 ☐ 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

MAYO, JOSEPH A
2765 U.S. HWY. 92 WEST
LAKELAND FL 33802

10. Name and Address of New Registered Agent

81 Name: HIATT, DAVID D.
82 Street Address (P.O. Box Number is Not Acceptable): 2765 US HWY 92W
83
84 City: LAKELAND, FL FL 85 Zip Code: 33801

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] 1-24-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	MAYO, JOSEPH A.	1.2 NAME		
STREET ADDRESS	2765 US HWY 92W	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE	DELETE	☒ Change ☐ Addition
NAME	MAYO,SUZANE P	2.2 NAME	DELETE	
STREET ADDRESS	2940 CAROLINA AVE.	2.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	DELETE	
TITLE	T	3.1 TITLE	DELETE	☒ Change ☐ Addition
NAME	MAYO, SUZANE P.	3.2 NAME	DELETE	
STREET ADDRESS	2940 CAROLINA AVE.	3.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	DELETE	
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	HIATT, DAVID D.	4.2 NAME		
STREET ADDRESS	2765 US HWY 92W	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: [signature] 1-24-95 813-686-3855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0314937 CP