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 APR 28 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 322074 (6)

1. Corporation Name
SHOP-RITE, INC.

Principal Place of Business	Mailing Address
8305 SOUTHEAST 58TH AVENUE POST OFFICE BOX 1510 OCALA FL 34480 US	P O BOX 3700 POST OFFICE BOX 3700 OCALA FL 34478 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/10/1967
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 8305 S.E. 58th Avenue
22: Suite, Apt. #, etc.
23: City & State: Ocala, Florida
24: Zip: 34480 — 25: Country:

2a. Mailing Address
26: Post Office Box 3700
27: Suite, Apt. #, etc.
28: City & State: Ocala, Florida
29: Zip: 34478 — 30: Country:

4. FEI Number: 59-1279697 ☐ 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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	HOYLAND, FREDERICK C	12 NAME	Bane, Ronald L.	
STREET ADDRESS	3829 COCONUT PALM DR	13 STREET ADDRESS	3829 Coconut Palm Drive	
CITY-ST-ZIP	TAMPA FL 33619	14 CITY-ST-ZIP	Tampa, Florida 33619	
TITLE	VST	21 TITLE	VST	☒ Change ☐ Addition
NAME	RIEGLER, MICHAEL G	22 NAME	Riegler, G. Michael	
STREET ADDRESS	3829 COCONUT PALM DR.	23 STREET ADDRESS	8305 S.E. 58th Avenue	
CITY-ST-ZIP	TAMPA FL 33619	24 CITY-ST-ZIP	Ocala, Florida 34480	
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	DEMARCO, ANTHONY E	32 NAME		
STREET ADDRESS	8305 SE 58TH AVE	33 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34478	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
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)(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: _____ G. Michael Riegler 4/24/95 (904) 347-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Sec/Treas — Date — Daytime Phone #

0363002 CP