

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 322074 (6)

1. Corporation Name
SHOP-RITE, INC.



Principal Place of Business

Mailing Address

**8305 S.E. 58TH AVENUE
POST OFFICE BOX 1510
OCALA FL 33480
US**

**P.O. BOX 3700
POST OFFICE BOX 1510
OCALA FL 34478
US**

2. Principal Place of Business

2a. Mailing Address

21 8305 S.E. 58th Avenue

26 P.O. Box 3700

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Ocala, Florida

28 Ocala, Florida

Zip

Country

Zip

Country

24 34480

25 US

29 34478

30 US

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
10/10/1967

3a. Date of Last Report
04/28/1995

4. FET 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

10. Name and Address of New Registered Agent

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

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 typed or printed name of registered agent and then if applicable

NOTE: Registered Agent signature required when not stating

(DATE)

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

**P
NAME BANE, RONALD L.
STREET ADDRESS 3829 COCONUT PALM DRIVE
CITY-ST-ZIP TAMPA FL**

TITLE ☐ DELETE

**VST
NAME RIEGLER, G. MICHAEL
STREET ADDRESS 8305 S.E. 58TH AVENUE
CITY-ST-ZIP Ocala FL**

TITLE ☐ DELETE

**V
NAME DEMARCO, ANTHONY E
STREET ADDRESS 8305 SE 58TH AVE
CITY-ST-ZIP Ocala FL 34478**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

**P
11 TITLE
12 NAME Hoyland, Frederick
13 STREET ADDRESS 8305 S.E. 58th Avenue
14 CITY-ST-ZIP Ocala, Florida 34480**

☒ Change ☐ Addition

**21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP Ocala, Florida 34480**

☒ Change ☐ Addition

**31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP Ocala, Florida 34480**

☐ Change ☐ Addition

**41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP**

☐ Change ☐ Addition

**51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP**

☐ Change ☐ Addition

**61 TITLE
62 NAME
63 STREET ADDRESS
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. Michael Riegler 4/22/96 (352) 347-0900
Sec/Treas

CR2E034 (12/95)