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Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 359143 (5)

1. Corporation Name  
THE ORANGE SHOP, INC.



Principal Place of Business  
18545 U.S. HWY 301 N.  
CITRA FL 32113

Mailing Address  
P.O. BOX 125  
CITRA FL 32113-0125

3. Date Incorporated or Qualified 02/04/1970	3a. Date of Last Report 03/15/1996
4. FEI Number 59-1285008	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent MOSLEY, ROBBIE G. 17828 NE 18TH AVE. CITRA FL 32113	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	D
NAME	PERRY, CHARLES W	1.2 NAME	PERRY, VIVAN E.
STREET ADDRESS	HIGHWAY 301	1.3 STREET ADDRESS	HWY 301
CITY-ST-ZIP	CITRA FL	1.4 CITY-ST-ZIP	CITRA FL
TITLE	D	2.1 TITLE	ST
NAME	LEMASTERS, SHELBY D	2.2 NAME	MOSLEY, ROBBIE G.
STREET ADDRESS	5 RIDGE TR	2.3 STREET ADDRESS	17828 NE 18th AVE
CITY-ST-ZIP	ORMOND BCH FL	2.4 CITY-ST-ZIP	CITRA, FL 32113
TITLE	D	3.1 TITLE	D
NAME	LEMASTERS, W STEVEN	3.2 NAME	MOSLEY, PATRICIA P.
STREET ADDRESS	23 NORTHFIELD GATE	3.3 STREET ADDRESS	17828 NE 18th AVE
CITY-ST-ZIP	PITTSFORD NY	3.4 CITY-ST-ZIP	CITRA, FL 32113
TITLE	D	4.1 TITLE	D
NAME	LEMASTERS, JOHN N., III	4.2 NAME	JOHNS, PAM
STREET ADDRESS	21322 HARROW CT.	4.3 STREET ADDRESS	109 SPRINGDALE DR
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	THOMASTON GA 30286
TITLE	ST	5.1 TITLE	
NAME	PERRY, VIVAN E	5.2 NAME	
STREET ADDRESS	2310 NE 185 PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	CITRA FL 32113	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	
NAME	LEMASTERS, JOHN N	6.2 NAME	
STREET ADDRESS	5 RIDGE TR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: *Robbie G. Mosley* R. ROBBIE G. MOSLEY 4-14-97 352-5953361  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)