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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:43

DOCUMENT # **368417** **(2)**

1. Corporation Name

RALLY STORES, INC.

Principal Place of Business	Mailing Address
2865 EXECUTIVE CNTR DR C/O TEDDIE HOLMAN CLEARWATER FL 34622	2865 EXECUTIVE CNTR DR C/O TEDDIE HOLMAN CLEARWATER FL 34622

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/14/1970**
3a. Date of Last Report: **02/22/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: **59-1358366** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22: c/o Jacquelyn Copperwheat
Suite, Apt. #, etc. — 27: c/o Jacquelyn Copperwheat
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23:
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24: Country — 25:
Zip — 29: Country — 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RICE, MARTIN E
696 FIRST AVE N STE 400
PINELLAS PARK, FL
ST PETERSBURG 33701

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83: delete line: Pinellas Park, FL
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 mandatory

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	11 TITLE	S/T	☒ Change ☐ Addition
NAME	HOLMAN, TEDDIE MARIE	12 NAME	Copperwheat, Jacquelyn M.	
STREET ADDRESS	1704 CYPRESS TRACE DRIVE	13 STREET ADDRESS	2865 Executive Cntr Dr	
CITY ST ZIP	SAFETY HARBOR FL	14 CITY ST ZIP	Clearwater, FL 34622	
TITLE	PD	21 TITLE		☒ Change ☐ Addition
NAME	RISSER, P.N. III	22 NAME		
STREET ADDRESS	2865 EXECUTIVE CNTR DR	23 STREET ADDRESS		
CITY ST ZIP	CLEARWATER FL	24 CITY ST ZIP	add zip: 34622	
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		
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)(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: Jacquelyn M Copperwheat Jacquelyn M. Copperwheat 3/20/95 (813) 572-8686
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Telephone Number)