FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (2)368417 RALLY STORES, INC. Principal Place of Business Mailing Address 2865 EXECUTIVE DR 2965 EXECUTIVE DR C/O COPPERWHEAT. JACOUELYN C/O COPPERWHEAT, JACQUELYN DO NOT WRITE IN THIS SPACE **CLEARWATER FL 34822 CLEARWATER FL 34622** 3. Date Incorporated or Qualified 08/14/1970 2. Principal Place of Business 2a. Mailing Address Applied For 59-1358366 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Added to Fees Trust Fund Contribution Zip Country Country Zιp 8. This corporation owes or has paid the current year Intangible 3376a X Yes 33762 □ No 25 Personal Property Tax due June 30. 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RICE, MARTIN E 696 FIRST AVE N STE 400 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG 33701 Third Ave N 83 Stc <u>325</u> St. Petcasburg 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, typod or printed name of registered agoni and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Addition TITLE Change NAME COPPERWHEAT, JACQUELYN M 12 NAME 2885 EXECUTIVE DRIVE STREET ADDRESS 1.3 STREET ADDRESS CLEARWATER FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE NAME RISSER, P.N. H 2.2 NAME 2865 EXECUTIVE DRIVE STREET ADDRESS 2.3 STREET ADDRESS CLEARWATER FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE MITCHELL, BRUCE NAME 3.2 NAME 2865 EXECUTIVE DRIVE STREET ADDRESS 3.3 STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME CURRAN, JOHN 4. 2 NAME HARRISON, Shakon 2865 EXECUTIVE DRIVE STREET ADDRESS 4.3 STREET ADDRESS

14. I 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 roceiver or truetoe 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.

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS Change

Change

Addition

Addition

DELETE

DELETE

CLEARWATER FL

KATCHUK, KERRY

CLEARWATER FL

2865 EXECUTIVE DR

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE: Sacruly Cossenife & JACOUCLE Cossenife 4/2/98 (813)572-8686