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FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90054 021 ***150.00

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PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 379717

1. Corporation Name
INGRAM'S ASSOCIATE STORE, INC.

Principal Place of Business
216 N WAUKESHA
BONIFAY FL 32425

Mailing Address
216 N WAUKESHA
BONIFAY FL 32425

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/31/1971

4. FEI Number
59-1323714

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required...

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

10. Name and Address of New Registered Agent

81 Name SHAWN W. INGRAM
82 Street Address (P.O. Box Number is Not Acceptable) 216 N. WAUKESHA ST
83
84 City BONIFAY FL 85 Zip Code 32425

9. Name and Address of Current Registered Agent

INGRAM, CARL
216 N WAUKESHA ST
BONIFAY FL 32425

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 SHAWN W. INGRAM
Signature, typed or printed name of registered agent and title if applicable.

SHAWN W. INGRAM 01-15-99
(NOTE: Registered Agent signature required when resigning.) DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|------------------------------------|
| TITLE | DV <input type="checkbox"/> DELETE |
| NAME | INGRAM, SHAWN W |
| STREET ADDRESS | 216 NORTH WAUKESHA ST |
| CITY-ST-ZIP | BONIFAY FL 32425-2244 |
| TITLE | S <input type="checkbox"/> DELETE |
| NAME | INGRAM, RUBY W |
| STREET ADDRESS | 216 NORTH WAUKESHA ST |
| CITY-ST-ZIP | BONIFAY FL 32425-2244 |
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | INGRAM, CARL |
| STREET ADDRESS | 216 NORTH WAUKESHA ST |
| CITY-ST-ZIP | BONIFAY FL 32425-2244 |
| TITLE | DV <input type="checkbox"/> DELETE |
| NAME | BROWN, CARLA I |
| STREET ADDRESS | RT 3 BOX 982 |
| CITY-ST-ZIP | BONIFAY FL 32425 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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 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, with all other titles empowered.

SIGNATURE: SHAWN W. INGRAM 01-15-99 850-547-3910
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)