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

APPROVED AND FILED
95 APR 18 PM 5:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 481567 (6)

1. Corporation Name
THE HOSPITALITY SHOP, INC.

Principal Place of Business	Mailing Address
3755 BENSON DR. P.O. BOX 40549 RALEIGH NC 27629	3755 BENSON DR. P.O. BOX 40549 RALEIGH NC 27629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1975
3a. Date of Last Report: 06/24/1994
4. FEI Number: 59-1613646 ☐ 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

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

9. Name and Address of Current Registered Agent

PATE, ALVA L.
13164 VILLAGE CHASE CIRCLE
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name: HASTINGS, Shirley A.
82 Street Address (P.O. Box Number is Not Acceptable): 815 MASSACHUSETTS, AVE.
83
84 City: PENSACOLA FL 85 Zip Code: 32505

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: Shirley A. Hastings Shirley A. HASTINGS 3-30-95
(Signature, typed or printed name of registered agent and title if applicable) 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	V ☑ Change ☐ Addition
NAME	FRITSCH, CATHERINE B.	1.2 NAME	CURTIS, J. MICHAEL
STREET ADDRESS	3755 BENSON DR.	1.3 STREET ADDRESS	3755 BENSON DRIVE
CITY ST ZIP	RALEIGH NC	1.4 CITY ST ZIP	RALEIGH, NC
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	DEANS, DENNIS	2.2 NAME	
STREET ADDRESS	3755 BENSON DR.	2.3 STREET ADDRESS	
CITY ST ZIP	RALEIGH NC	2.4 CITY ST ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	JACKSON, JACK	3.2 NAME	
STREET ADDRESS	3755 BENSON DR.	3.3 STREET ADDRESS	
CITY ST ZIP	RALEIGH NC	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 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: [signature] JACK JACKSON 4/11/95 (919)876 2703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0477003 FP