

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 17 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 537471

(5)

1. Corporation Name

DRAPER'S WESTERN STORE, INC.

Principal Place of Business

Mailing Address

1525 STATE STREET
SARASOTA FL 34236

1525 STATE STREET
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized

07/01/1977

3a. Date of Last Report

03/28/1994

4. FEI Number

59-1754137

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. 190.03, Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DRAPER, THOMAS P. II
1525 STATE ST.
SARASOTA FL 34236

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

Thomas P. Draper II

Signature of Registered Agent (must be signed by the Registered Agent or a person authorized to act for the Registered Agent)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
DRAPER, THOMAS P.
4953 BLISS ROAD
SARASOTA FL

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

PD
DRAPER, BARBARA
4953 BLISS ROAD
SARASOTA FL

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DV
DRAPER, THOMAS II
4953 BLISS ROAD
SARASOTA FL

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption states for Section 190.03, 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 make 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

Thomas P. Draper

Signature and Typed or Printed Name of Existing Officer or Director

THOMAS P. DRAPER D.

MAR. 15th, 1995 (813) 953-3793