

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 14 AM 11:42

DOCUMENT # 570998 (5)

1. Corporation Name
ACT II SHOPPE, INC.

Principal Place of Business

**235 W CENTRAL AVE
WINTER HAVEN FL 33880
US**

Mailing Address

**235 W CENTRAL AVE
WINTER HAVEN FL 33880
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/04/1978** 3a. Date of Last Report **04/22/1994**

4. FTT Number **59-1817799** Applied For ☐ Not Applicable ☐

5. Certificate of Status Deemed ☐ **\$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. 190.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**MEADE, DELORIS
3508 SILVER OAK ST.
LAKE WALES FL 33853**

10. Name and Address of New Registered Agent

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

(Signature of person appointed as registered agent and the applicant)

(Date) (Signature of Agent signature required when registering)

DATE:

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
MEADE, DELORIS
3508 SILVER OAK ST.
LAKE WALES FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**STD
MEADE, BILLY F.
3508 SILVER OAK ST.
LAKE WALES FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and true, and qualify for the exemptions stated in the laws of the State of Florida. I further certify that this 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. I am an officer or director of the corporation or the receiver or trustee appointed to oversee this report as required by Chapter 402, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Deloris Meade / Deloris Meade 2-8-95 (813) 244-2773