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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 10:30

DOCUMENT # **849119** **(3)**

1. Corporation Name
SHOP & STORE INVESTMENTS COMPANY LIMITED

Principal Place of Business	Mailing Address
222 W. COMSTOCK AVE., SUITE 101 P.O. BOX 1964 WINTER PARK FL 32789 US	222 W. COMSTOCK AVE., SUITE 101 P.O. BOX 1964 WINTER PARK FL 32789 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/13/1981
3a. Date of Last Report: 04/08/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2159163 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

GODBOLD, GENE H.
222 WEST COMSTOCK AVE.
SUITE 101
WINTER PARK FL 32789

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	☐ Change ☐ Addition
NAME	GREENWOOD,GEOFFREY BRIAN	1.2 NAME	
STREET ADDRESS	BURLEY HOUSE BRADFORD RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ILKEY, ENG	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	PARKER, DAVID J.	2.2 NAME	
STREET ADDRESS	BURLEY HOUSE BRADFORD RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ILKEY, ENG	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	URRY, STEWART WALLACE	3.2 NAME	
STREET ADDRESS	BURLEY HOUSE BRADFORD RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ILKLEY, ENG.	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	☐ Change ☐ Addition
NAME	GODBOLD, GENE	4.2 NAME	
STREET ADDRESS	222 WEST COMSTOCK AVE., SUITE 101	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GREENWOOD, DAVID	5.2 NAME	
STREET ADDRESS	BURLEY HOUSE BRADFORD RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ILKLEY, ENG.	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	GREENWOOD, ENID	6.2 NAME	
STREET ADDRESS	BURLEY HOUSE BRADFORD RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ILKLEY, ENG.	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)(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.

SIGNATURE: [signature] 1-24-95 (407) 647-4448
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Gene H. Godbold, Asst Sec'y

0048830 CP