

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F95000002038 (6)**

1. Corporation Name

**ASHEBORO SHOPPING CENTER, INC.**



Principal Place of Business

Mailing Address

181 N. HARBOR DR.  
SUITE E  
DAVIDSON NC 28036

P.O. BOX 1831  
DAVIDSON NC 28036

3. Date Incorporated or Qualified

**04/26/1995**

3a. Date of Last Report

2. Principal Place of Business

21 **100 East Sybelia Avenue**  
Suite, Apt. #, etc.

2a. Mailing Address

26 **100 East Sybelia Avenue**  
Suite, Apt. #, etc.

4. FEI Number

**59-2827089**

Applied For

Not Applicable

22 **Suite 225**  
City & State

27 **Suite 225**  
City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

23 **Maitland, FL**

28 **Maitland, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

24 **32751**

Country  
**USA**

29 **32751**

Country  
**USA**

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAGLE, MARC L  
801 DOUGLAS AVE.  
SUITE E  
ALTAMONTE SPRINGS FL 32714**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**100 East Sybelia Avenue, Suite #225**

83

84 City

**Maitland**

**FL**

85 Zip Code  
**32751**

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 **Marc L. Hagle**

Signature Type 3 or printed name of registered agent, if applicable

(Not for Registered Agent signature required when reinstating)

**2-1-96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **LOONEY, R. JOE**  
STREET ADDRESS **181 N. HARBOR DR.**  
CITY-ST-ZIP **DAVIDSON NC 28036**

1.1 TITLE ☐ Change ☐ Addition

TITLE **VSD** ☐ DELETE

NAME **HAGLE, MARC L**  
STREET ADDRESS **801 DOUGLAS AVE.**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

1.2 NAME

TITLE **TD** ☐ DELETE

NAME **KRUMM, WALTER T**  
STREET ADDRESS **985 BETHEL RD.**  
CITY-ST-ZIP **COLUMBUS OH 43214**

1.3 STREET ADDRESS

TITLE ☐ DELETE

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **100 East Sybelia Avenue, Suite #225**

2.4 CITY-ST-ZIP **Maitland, Florida 32751**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: **Marc L. Hagle**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-1-96**

**(407) 629-2040**

Date

Daytime Phone #

CR2E034 (12/95)