

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90102 011 ***150.00

DOCUMENT # F96000005809

1. Entity Name
THOMASVILLE RETAIL, INC.



Principal Place of Business
**401 EAST MAIN STREET
THOMASVILLE, NC 27360 US**

Mailing Address
**101 S. HANLEY RD., STE 1900
SAINT LOUIS, MO 63105 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232008

Chg-P

CR2E034 (12/06)

4. FEI Number

54-0856174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
WEBSTER, NANCY
401 EAST MAIN STREET
THOMASVILLE, NC 27360

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Edward Teplitz
401 E. Main Street
Thomasville, NC 27360

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
RAMOS, DENISE L
101 SOUTH HANLEY ROAD
ST LOUIS, MO 63105

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director
Ralph Scozzafava
101 S. Hanley Rd.
St. Louis, MO 63105

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DAS
CHIPPERFIELD, LYNN
101 SOUTH HANLEY ROAD
ST LOUIS, MO 63105

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Assistant Secretary
Jon Botsford
101 S. Hanley Rd.
St. Louis, MO 63105

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AT
JACKSON, AL
101 SOUTH HANLEY ROAD
ST LOUIS, MO 63105

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
HOLLIMAN, WILBERT G
101 S HANLEY ROAD
SAINT LOUIS, MO 63105

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Al Jackson, Asst. Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Al Jackson 4-18-08

Date

Daytime Phone #