

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -4 PM 11:14

DOCUMENT # G67601

(6)

1. Corporation Name

READY STORES, INC.

Principal Place of Business

**6205 N. DALE MABRY
PO BOX 151529
TAMPA FL 33684-1529
US**

Mailing Address

**6205 N. DALE MABRY
PO BOX 151529
TAMPA FL 33684-1529
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/02/1983

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2345885

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**LIVINGSTON, CLIFTON A.
501 HORATIO ST.
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81. Name

Scott B. Meister

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

6205 N. Dale Mabry Hwy.

83.

84. City

Tampa,

FL

85. Zip Code
33614

11. Pursuant to the provisions of Sections 607.03(2) and 607.05(9), 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 provisions of Section 607.05(9), Florida Statutes.

SIGNATURE

Scott B. Meister

3/31/95

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DPS

NAME

MEISTER, SCOTT

STREET ADDRESS

3407 W BUSCH BLVD

CITY - ST - ZIP

TAMPA, FL 00000

TITLE

D

NAME

MEISTER, ANN B.

STREET ADDRESS

6205 N DALE MABRY

CITY - ST - ZIP

TAMPA FL 33614

TITLE

D

NAME

MEISTER, HENRY W

STREET ADDRESS

6205 N DALE MABRY

CITY - ST - ZIP

TAMPA FL 33614

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

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 accurately furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information indicated on this 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 and that I am duly sworn 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 in an addition to the block.

SIGNATURE:

Scott B. Meister, President

3/31/95

(813) 879-8875

(Signature and typed or printed name of signing officer or director)

Date

Printed Name