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

APPROVED AND FILED

95 MAY -1 PM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H12168** **(1)**

1. Corporate Name

OLDE TYME STORES, INC.

Principal Office Address

190 JOHNS PASS BOARDWALK
MADEIRA BEACH FL 33708

Mailing Address

190 JOHNS PASS BOARDWALK
MADEIRA BEACH FL 33708

FOR OFFICE USE ONLY

3. Date Incorporated / Organized: **07/13/1984**

3a. Date of Last Report: **06/28/1994**

2. Previous Corporate Name
21

2a. Previous Name
26

Suite, Apt. or Unit
22

Suite, Apt. or Unit
27

City, State
23

City, State
28

24 25 29 30

4. FEI Number: **59-2424148**

Applied For
Not Applicable

5. Certificate of Status (Amount): **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: **$5.00** May Be Added to Fees

8. Does corporation owe taxes to the State of Florida? Yes No

9. Name and Address of Current Registered Agent

NICHOLS, MICHAEL D.
3350 17TH AVE SW
NAPLES FL 33964

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 Section 607.0505, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation has authorized the officers and directors listed to execute this statement, and the appointment of registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

P
NAME: NICHOLS, MICHAEL D.
ADDRESS: 3350 17TH AVE SW
CITY: NAPLES FL

V
NAME: NICHOLS, FORREST R.
ADDRESS: 2025 6TH STREET SO.
CITY: NAPLES FL

S
NAME: WEBSTER, JAMES W.
ADDRESS: ~~11101 SW 67 AVE~~
CITY: ~~MIAMI FL~~

13. ADDITIONAL OFFICERS AND DIRECTORS

S
Webster, James W.
6425 SW. 93rd Ave
Miami, FL 33173

14. I hereby certify that the information contained in this report, including any supplemental information, is accurate and complete as of the date of this report. I further certify that the information contained in this report or supplemental information report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am a director or officer of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of the report or is listed in the attached schedule.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 FEB 95

(813) 261-0897
PHONE

0308201 CP