

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H47715 (8)

1. Corporation Name

SAV-A-STOP INCORPORATED

Principal Place of Business

500 WELLS RD
ORANGE PARK FL 32073

Mailing Address

6290 WINDWOOD CT
ORANGE PARK FL 32073
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/14/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2520195

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.022,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 7785 BAYMEADOWS WAY

Suite, Apt. #, etc.

22 206

City & State

23 JACKSONVILLE FL

Zip

24 32256

Country

25 EQUAL

2a. Mailing Address

26 6290 WINDWOOD CT

Suite, Apt. #, etc.

27

City & State

28 ORANGE PARK FL

Zip

29 32073

Country

30 CLAY

9. Name and Address of Current Registered Agent

OTERO, DAVID E

3300 BARNETT CENTER 50 N LAURA ST
JACKSONVILLE FL 32201

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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DS

FRUIT, MELVYN H.

8853 BAYVIEW RD

JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

7785 BAYMEADOWS WAY
JACKSONVILLE FL 32256

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MELVYN H. FRUIT

Date

April 6, 1995

Signature (Print Name)

904 636-0091