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

PROFIT CORPORATION ANNUAL REPORT



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

1996

A A TO	MENT # H848 OP SHOP, INC.	351	(5)				111 8] 46 8 (8 682) 6 -8	
Principal Place of Business Mairing Address * NEAL BRAXTON								
4122 N DAVI PENSACOLA	= :		DAVIS HWY COLA FL 32503	1		3. Date Incorporated or Qualified		of Last Report
Principal Pla	ace of Business	2a. Mailing	j Address			11/08/1985 4. FEI Number	<u> </u>	/28/1995 Applied For
		26				59-2610676		Not Applicab
Suite, Apt. #	#, etc.	Suite,	Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional
City & State		City 8	State			6. Election Campaign Financing		Fee Required
		28				Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	Zφ		Count	У	8. This corporation has liability to		
	9. Name and Address of Curr	29 rent Registered A	neni	30		10. Name and Address of New		
				8	1 Name	TO, Marile and Adoress of Heav	richistoren vi	yeni
BRAXTON, NEAL 4122 N DAVIS HWY				82 Street Ac		ress (P.O. Box Number is Not Accept	able)	
	OLA FL 32503			8:	3			
				84	City			85 Zip Code
. Pursuant to	o the provisions of Sections 607.05	02 and 607 1508	Florida Statute	es the above	.named.com/s	ration submits this statement for the pind of directors. Thereby accept the ap	FL	
ICO COMENT ANTO	h, and accept the obligations of, Se	ection 607.0505, Ft	orida Statutes.	eo by the cor.	poration's boa	rd of directors. I hereby accept the ap	ppointment as re	egistered agent. i am
SNATURE _	Symbol, tyled or prince mark of registered ag OFFICERS A	ont and the if applicable AND DIRECTORS	orida Statutes.	It Registered Age	ent sylvature rajpiika		(JA1 _E	
SNATURE _	Syramic, hyerd or prince trains of registered ag OFFICERS A	ont and the if applicable AND DIRECTORS	onda Statutes.	11 Registered Age	or Esophature required	d what correlating	DATE FICERS AND E	DIRECTORS IN 12
BNATURE	Syname, typed or princed runk of registered ag OFFICERS A PD BRAXTON, NEAL	ont and the if applicable AND DIRECTORS	orida Statutes.	11 Registriert Agi 13. 1 Tiller 1 2 NAME	ord squarare regimes	d what correlating	DATE FICERS AND E	DIRECTORS IN 12
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4. For hereby certify that the information supplied with this itting is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. Hurther certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the seme legal effect as if made undo 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 chapped, or on any tachment with in address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTO

44/BE

Dayth e Phone #