

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

APPROVED
AND
FILED

**CORPORATION
ANNUAL REPORT
1995**



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

95 JUL -6 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J87961

(5)

1. Corporation Name

THE RAG PEDDLER, INC.

Principal Place of Business

**1308 MAJESTIC OAK DR
APOPKA FL 32712
US**

Mailing Address

**1308 MAJESTIC OAK DR
APOPKA FL 32712
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1987

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

211 1315 Windsor Avenue

2a. Mailing Address

261 1315 Windsor Avenue

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23 Longwood, FL

28 Longwood, FL

24 32750

25

29 32750

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOCH, M. CAROL
1308 MAJESTIC OAK DR
APOPKA FL 32712**

01 Name

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

1315 Windsor Avenue

03

04 City **Longwood**

FL

05 Zip Code

32750

11. Pursuant to the provisions of Sections 607.06(2)(c) and 607.15(2)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the address set forth in this statement. 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 Sections 607.06(2)(c) and 607.15(2)(b), Florida Statutes.

Signature

Signature of Current Registered Agent (Type or Print Name of Registered Agent)

Signature of New Registered Agent (Type or Print Name of Registered Agent)

4/1

12. OFFICERS AND DIRECTORS

NAME	DP LOCH, M. CAROL
STREET ADDRESS	11550 S.W. 22ND COURT
CITY, STATE, ZIP	DAVE FL
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If Any)

1. NAME	☒ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	1315 Windsor Avenue
4. CITY, STATE, ZIP	Longwood, FL 32750
5. NAME	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. NAME	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct for the information stated in Sections 607.06(2)(c) and 607.15(2)(b), Florida Statutes. I further certify that the information was placed on this annual report or supplemental annual report in full and accurate and that my registration shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the registered agent or trustee empowered to receive this report as required by Chapter 607, Florida Statutes, and that my name appears on the back of the report or the certificate of incorporation with an address.

SIGNATURE:

M. Carol Loch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

4/29/95

407-834-8896