

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 APR 25 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K54806**

**(0)**

1. Corporation Name

**TEN FOUR CB STORE, INC.**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**12/22/1988**

3a. Date of Last Report

**04/18/1994**

4. FEI Number

**59-2917478**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

**\$5.00** May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☒ Yes ☐ No

Principal Place of Business

**4034 NW HWY 326  
4034 NORTHWEST COUNTY HIGHWAY 326  
OCALA FL 34482  
US**

Mailing Address

**4034 NW HWY 326  
4034 NORTHWEST COUNTY HIGHWAY 326  
OCALA FL 34482  
US**

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23**  
Zip

County

**28**  
Zip

County

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

**RUNAGER, BARBARA  
4034 N.W. COUNTY HIGHWAY 326  
OCALA FL 32675**

10. Name and Address of New Registered Agent

**B1** Name

**B2** Street Address (P.O. Box Number is Not Acceptable)

**B3**

**B4** City

**FL**

**B5**

**34482**

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **RUNAGER, BARBARA**  
STREET ADDRESS **4034 NW COUNTY HWY #326**  
CITY-ST-ZIP **OCALA FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VDC**  
NAME **RUNAGER, BRENNAN W.**  
STREET ADDRESS **5338 NE 22 TERRACE**  
CITY-ST-ZIP **OCALA FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **STD**  
NAME **RUNAGER, KAREN G.**  
STREET ADDRESS **5338 NE 22 TERRACE**  
CITY-ST-ZIP **OCALA FL**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Brennan W. Runager**

**4/21/95**

**732-4316**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number