

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **K63955** (4)

1. Corporation Name
SHADY REST GROCERY, INC.

MAY 15 11 08 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **4340 SE 22ND STREET OKEECHOBEE FL 34974**
Mailing Address: **4340 SE 22ND STREET OKEECHOBEE FL 34974**

3. Date Incorporated or Qualified: **02/07/1989** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0104345** 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 § 199.032 Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**
State Apt # etc: **22** State Apt # etc: **27**
City & State: **23** City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**HODGES, MARY LOU
2907 S.E. 27TH STREET
OKEECHOBEE FL 34974**

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 Zip Code: _____

11. Pursuant to the provisions of Sections 607.01(2) 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 hereby accepting the obligations of Section 607.01(2), Florida Statutes.

SIGNATURE: _____ OFFICE OF THE SECRETARY OF STATE DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	DPS HODGES, MARY LOU 2907 SE 27TH ST. OKEECHOBEE FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	
CITY & STATE		3. CITY & STATE	
OFFICER	HODGES, MARY LOU 2907 SE 27TH ST. OKEECHOBEE FL	4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5. STREET ADDRESS	
CITY & STATE		6. CITY & STATE	
OFFICER		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		8. STREET ADDRESS	
CITY & STATE		9. CITY & STATE	
OFFICER		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		11. STREET ADDRESS	
CITY & STATE		12. CITY & STATE	
OFFICER		13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		14. STREET ADDRESS	
CITY & STATE		15. CITY & STATE	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that, not qualify for the exemption stated in Section 199.03(2)(b), Florida Statutes. I further certify that the information included 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 a class officer of the corporation or the receiver 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 on an attachment with an address.

SIGNATURE: *Mary Lou Hodges*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-11-95 813-763-5419

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MAY 11 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K66267** (1)
1. Corporation Name
ACCENT CONTRACTORS, INC.

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 02/16/1989	3a. Date of Last Report 05/24/1994
4. FEI Number 65-0099865	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.0032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
% NORMAN L. NIXON 2534 FRUITTREE DR SARASOTA FL 34239		% NORMAN L. NIXON 2534 FRUITTREE DR SARASOTA FL 34239	
21. State, Apt # etc.	22. City & State	26. State, Apt # etc.	27. City & State
24. County	25. County	29. County	30. County

9. Name and Address of Current Registered Agent

**NIXON, NORMAN L.
2534 FRUITTREE DR
SARASOTA FL 34239**

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 607.0037 and 607.1505, 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0035, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE P	NIXON, NORMAN L. 2534 FRUITTREE DRIVE SARASOTA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE S	NIXON, JEAN L. 2534 FRUITTREE DRIVE SARASOTA FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. TITLE		7.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. TITLE		8.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 109.003, 109.004, Florida Statutes. I further certify that the information included 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. 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *JEAN LEUNG NIXON* 5/11/95 813-953-4567
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR