

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
95 AUG -3 AM 9:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M88048

(7)

1. Corporation Name

AGAPE GENERAL STORE, INC.

Principal Place of Business

% JOE CALVIN FRANTZ
3131 SOUTHWEST COLLEGE RD
OCALA FL 34474

Mailing Address

% JOE CALVIN FRANTZ
3131 SOUTHWEST COLLEGE RD
OCALA FL 34474

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/01/1988

3a. Date of Last Report

06/14/1994

4. FEI Number

59-2894638

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

7. This corporation has liability for intangible tax under s. 190.002,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

FRANTZ, JOE CALVIN
3131 SW COLLEGE RD
OCALA FL 34474

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 title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DO
FRANTZ, JOE CALVIN
3131 SW COLLEGE RD
OCALA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
FRANTZ, MELINDA Y.
3131 SW COLLEGE RD
OCALA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information furnished on this form is true and correct, and that I am an Officer or Director of the corporation and am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13, as applicable. I have changed, or on an attachment with an address.

SIGNATURE:

Signature, typed or printed name of signing officer or director

JOE CALVIN FRANTZ

9/28/95 (904) 854-1234

CR2E034 (3/95)