FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43421 **(9)**

1. Corporation Name

PLANT CITY STARS, INC.

Principal Place of Business	Mailing Address
115 W. ARDEN MAYS BLVD. PLANT CITY FL 33564-1691 US	P.O. BOX 1691 PLANT CITY FL 33564-1691 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3078712 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

JACKSON, JENNIFER
3407 W. DELAWARE AVENUE
PLANT CITY FL 33567

10. Name and Address of New Registered Agent

61 Name: PATTY STEIN
62 Street Address (P.O. Box Number Is Not Acceptable): 2103 Golfview Drive
63
64 City: PLANT CITY FL 65 Zip Code: 33567

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: Patty Stein — Patty Stein, President — 4/19/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	Director / President	☒ Change ☐ Addition
NAME	JACKSON, JENNIFER	1.2 NAME	Patty Stein	
STREET ADDRESS	3407 W. DELAWARE AVENUE	1.3 STREET ADDRESS	2103 Golfview Dr.	
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	Plant City, FL 33567	
TITLE	DV	2.1 TITLE	D/ V.P.	☒ Change ☐ Addition
NAME	GUERRE, TOM	2.2 NAME	Kim Mitchell	
STREET ADDRESS	4809 COUNTRY HILLS CT. NORTH	2.3 STREET ADDRESS	1904 E. Linda St.	
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	Plant City, FL 33566	
TITLE	DV	3.1 TITLE	D/VP	☒ Change ☐ Addition
NAME	BELL, J. F	3.2 NAME	Bob Young	
STREET ADDRESS	2329 FAIRWAY DRIVE SOUTH	3.3 STREET ADDRESS	105 Dorado St.	
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	Plant City, FL 33567	
TITLE	DS	4.1 TITLE	D/ Secretary	☒ Change ☐ Addition
NAME	MITCHELL, KIM	4.2 NAME	Jennifer Jackson	
STREET ADDRESS	1906 E LINDA ST	4.3 STREET ADDRESS	3407 W. Delaware Ave.	
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	Plant City, FL 33567	
TITLE	DT	5.1 TITLE	D/ Treasurer	☒ Change ☐ Addition
NAME	TURNER, JANIC	5.2 NAME	Cecelia Herrmann	
STREET ADDRESS	1016 W. BAKER STREET	5.3 STREET ADDRESS	6011 Hwy. 92, W.	
CITY-ST-ZIP	PLANT CITY FL	5.4 CITY-ST-ZIP	Plant City, FL 33567	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cecelia Herrmann — Cecelia Herrmann — 4/19/95 — (813) 659-0068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR1547