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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P11514 (7)

1. Corporation Name
OLD AMERICA STORE, INC.

Principal Place of Business Mailing Address

**811 N. COLLINS FREEWAY
P.O. BOX 370
HOWE TX 75459-0370**

**811 N. COLLINS FREEWAY
P.O. BOX 370
HOWE TX 75459-0370**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/22/1985** 3a. Date of Last Report: **05/01/1994**

4. FBI Number: **75-1699442** 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 S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 2b. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. Country 29. Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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: _____ (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME BRUSH, C. WAYNE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 811 N. COLLINS	CITY-ST-ZIP HOWE TX	1.2 NAME	Tredinnick, Richard
		1.3 STREET ADDRESS	811 N. Collins
		1.4 CITY-ST-ZIP	Howe, TX 75459
TITLE CD	NAME GOULD, PETER G.	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 375 PARK AVE.	CITY-ST-ZIP NEW YORK NY	2.2 NAME	
		2.3 STREET ADDRESS	111 Ravonia Ave. 3rd Floor
		2.4 CITY-ST-ZIP	Jersey City, NJ 07310
TITLE VTS	NAME MICKEY, ROBERT R.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 811 N. COLLINS	CITY-ST-ZIP HOWE TX	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE V	NAME HIGHTOWER, JOHN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 811 N. COLLINS	CITY-ST-ZIP HOWE TX	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE V	NAME JOHNSON, MAX	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 811 N. COLLINS	CITY-ST-ZIP HOWE TX	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE V	NAME AVILA, THEODORE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3408 WILLIAMS BLVD.	CITY-ST-ZIP KENNER LA	6.2 NAME	
		6.3 STREET ADDRESS	811 N. Collins
		6.4 CITY-ST-ZIP	Howe, TX 75459

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)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 as agent, or on the information with an address.

SIGNATURE: _____ **Robert R. Mickey 4/13/95 (403) 532-5549**

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR