FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARIMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P11514

(7)

OLD AMERICA STORE, INC.

FILED	
May 09 1997 8:00am	1
Secretary of State	

APR 2 8 1997

Principal Place of Business Mailing Address					-{			
BIT N. COLUNS FREEWAY BIT N. COLLINS FREEWAY			/AY					
P.O. BOX 370		P.O. BOX 370						
HOWE TX 7545	69-0370	HOWE TX 75459-0370						
					3. Date Incorporated or Qualifie		ite of Last Re	eport
			***		09/22/1986	05/0	<u> </u>	
	lace of Business	2a. Mailing Address			4. FEI Number		Ар	plied For
21		26			75-1699442			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	
22		27					Fee Re	<i>'</i>
City & State		├ ─┐	City & State		' - "	Election Campaign Financing \$5.00 May Be		
23	000000	28			Trust Fund Contribution	Added to Fees		
Zip 24	Country	Zip	Country		8. This corporation has liability f			199.032,
24	9. Name and Address of Curre	nt Registered Agent	30		Florida Statutes		No No	
		an negisterea Agent	81	lamo	10. Name and Address of New	Hegistered /	Agent	
	CORPORATION SYSTEM			earno				
	S. PINE ISLAND ROAD		82 5	treet Addre	ss (P.O. Box Number is Not Accep	table)		
PLAI	NTATION FL 33324						·	
			83					
			84	City			85 Zip (Code
				····		FL	. '	
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Station familiar with, and accept the oblig	02 and 607.1508, Florida Stat	tutes, the above-n	amed corpo	ration submits this statement for th	e purpose of	changing its	s registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505,	Florida Statutes.	o corporatio	are bound of uncolors. Thereby ac	copi ine app	OIIIIIIOII 618	registered
SIGNATURE								
	Signature, typod or printed name of registered ag		O1£: Registered Agent s	ignature require:		DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND		
TITLE	PD	☐ DEFELE	1.1 1111.6				Change	Addition
NAME	TREDINNICK, RICHARD		1.2 NAME					
STREET ADDRESS	811 N. COLLINS		1.3 STREET AD	DRESS				
CITY-ST-ZIP	HOWE TX		1.4 CITY - \$1 - Z	(P	······································			
TITLE	CD	☐ DELETE	2.1 TITLE					Addition
NAME	GOULD, PETER G.	_	2.2 NAME					
STREET ADDRESS	111 PAVONIA AVE., 3RD FLO	OR	2.3 STREET ADI	DRESS				
CITY-ST-ZIP	JERSEY CITY NJ		2. 4 C(1y - S1 - 2	7IP				
TITLE	VTS	DELETE	3.1 TITLE				Change	Addition
NAME	Schultz, Jim D		3.2 NAME					
STREET ADDRESS	811 N. COLLINS		3.3 STREET ADD	DRESS				
CITY-ST-ZIP	HOWE TX		3.4. CITY - \$1 - 7	'IP				
TITLE	V	DELETE	4.1 1 TLE		-		Change	Addition
NAME	Johnson, Max		4. ₽ NAME					
STREET ADDRESS	811 N. COLLINS		4.3 STREET AD	DRESS				
CITY-ST-ZIP	HOWE TX		4.4 City - St - Z	IP				
TITLE	٧	■ DFLETE	5.1 TITLE	V.	Ρ		Change	Addition
NAME	AVILA, THEODORE		5.2 NAME	ΙM	ICHAEL STROUD			
STREET ADDRESS	811 N. COLLINS	4	5.3 \$TREET AD		II N. GOLLINS	, m.		
CITY-ST-ZIP	HOWE TX		5.4 CI1Y - S1 - Z		II N. GOLLINS	459	_	
TITLE	-	☐ DELETE	6.1 TITLE	าับโ	>		Change	Addition
NAME			6.2 NAME	02	IUL SAMMONS			
STREET ADDRESS	••		6.3 STREET AD		11 N. COLLINS			
CITY-ST-ZIP	· .		6.4 CITY - ST - 7	ı₽ 2 4	DWE TX 754	59		
14. Ldo here	by certify that the information supplied	ed with this filing does not qu	aldy for the exerne	tion stated	n Section 119 07(3)(i) Florida Stat	utes Efurther	gertify that	the
intormatic	on indicated on this annual report or fficer or director of the opporation of the Block 12 or Block	supplemental annual report is or the receiver or trustee emb	s true and accural owered to execute	e and that r this report	ny signature shall have the same le as required by Chapter 607, Florid	egal effect as la Statutes: a	s it made und nd that my n	der oath; that iame
ennoare i	n Block 12 or Block 14 changed	or the about mont with an a	ddroee					