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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P11514

(7)

OLD AMERICA STORE, INC.

FILED
Apr 22 1998 8:00am
Secretary of State



	<u> </u>								<u> </u>			
Principal Place of Business Mailing Address									1 1001(00) 101 1101 (100)	*1011 21	1811 61911 61911 1981	
B11 N. COLLINS FREEWAY P.O. BOX 370 HOWE TX 754590370			1	811 N. COLUNS FREEWAY P.O. BOX 370 HOWE TX 75459-0370				DO NOT WRITE IN THIS SPACE				
								3.	Date Incorporated or Qualified 09/22/1986			
2. Principal Place of Business			28	2a. Mailing Address				4.	FEI Number	Applied For		
21				26			75-1699442			Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				Б.	Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State				City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees					
24	Zip	Country Zip 25 29 30		30	Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No				
Name and Address of Current Registered Agent												
	CT CORPORATION SYSTEM					81	Name					
1200 S. PINE ISLAND ROAD PLANTATION FL 33324					82 Street Address (P.O. Box Number is Not Acceptable)							
						83						
						84	City		FL	85	Zip Code	
11.	Pursuant to the provisi office or registered ag	ent, or both, in the State	e of Flor	607.1508, Florida Statu ida Such change was	ites, the a	bove d by	e-named corporation	oration on's b	n submits this statement for the purpose of poard of directors. I hereby accept the app	chan ointm	ging its registered ent 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 agrees and title if applica-	ble (NOTE: F	Registered Agent signature	e required when reinstating)	<del> </del>	DATE	····				
12.	OFFICERS AND DIRECTORS		13.	ADDITION	IS/CHANGES TO OF	FICERS AND DIRECTO	PS IN 12				
TITLE	PD	DELETE	1.1 TITLE	<b>PD</b>		☐ Change	Addition				
NAME	TREDINNICK, RICHARD		1.2 NAME	Jerry Payt	<b>0</b> 17						
STREET ADDRESS	811 N. COLLINS		1.3 STREET ADDRESS	I ZII Nº COLII	ns						
CITY-ST-ZIP	HOWE TX		1.4 CITY - ST - ZIP	Howe Tx	75459						
TITLE	CD	DELETE	2.1 TITLE			Change	Addition				
NAME	GOULD, PETER G.		2.2 NAME	]			;				
STREET ADDRESS	111 PAVONIA AVE., 3RD FLOOR		2.3 STREET ADDRESS								
CITY-ST-ZIP	JERSEY CITY NJ		2. 4 CITY - ST - ZIP								
TITLE	VIS	DELETE	3.1 TITLE			Change	Addition				
NAME	SCHULTZ, JIM D		3.2 NAME								
STREET ADDRESS	811 N. COLLINS		3 3 STREET ADDRESS	J			J				
CITY-ST-ZIP	HOWE TX		3 4. CITY - ST - ZIP								
TITLE	VP	DELETE	4.1 TITLE			Change	Addition				
NAME	STROUD, MICHAEL	·	4 2 NAME								
STREET ADDRESS	811 N COLLINS		4.3 STREET ADDRESS								
CITY-ST-ZIP	HOWE TX -		4.4 CITY-ST-ZIP								
TITLE	VP	DELETE	5.1 TITLE			☐ Change	Addition				
NAME	SAMMINS, PAUL		5.2 NAME								
STREET ADDRESS	811 N COLLINS		5.3 STREET ADDRESS	1							
CITY-ST-ZIP	HOWE TX		5.4 CITY - ST - ZIP								
TITLE		DELETE	6.1 TITLE			☐ Change	Addition				
NAME			6.2 NAME				1				
STREET ADDRESS			6.3 STREET ADDRESS	i			ĺ				
AID: AT 7:0				1							

6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustor empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed if on any trachment with an address.