

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -6 AM 7:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P17587

(7)

1. Corporation Name

HSN MAIL ORDER, INC.

Principal Place of Business

12003 28 ST N. ST PETERSBURG, FL 33716
P O BOX 9090
CLEARWATER FL 34618-6090

Mailing Address

12003 28 ST N. ST PETERSBURG, FL 33716
P O BOX 9090
CLEARWATER FL 34618-6090

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/11/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2857505

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

27 2501 118th Avenue No.

2a. Mailing Address

26 P.O. Box 9090

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 St. Petersburg, FL 33716

City & State

28 Clearwater, FL

Zip

24 33716

Country

Zip

29 34618-9090

Country

30

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

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
PENCE, JOHN
2501 118TH AVE N
ST. PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
WANDLER, LES R.
2501 118TH AVE N
ST. PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

AS
KOHLE, WILLIAM W
2501 118TH AVE N
ST. PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

AT
RILEY, R. JOSEPH
2501 118TH AVE N
ST. PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
REARDON, J. MICHAEL
2501 118TH AVE N
ST. PETERSBURG FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

[Signature]

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

T/D/S
Kevin J. McKeon

☒ Change ☐ Addition

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

H. Steven Holtzman

☒ 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

Peter M. Kern

☒ Change ☐ Addition

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

AT
Richard Lyon
2501 118th Avenue No.
St. Petersburg, FL 33716

☐ Change ☒ Addition

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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplement and 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or in an attachment to this report.

SIGNATURE:

[Signature]
H. Steven Holtzman, Asst. Sec.

3/24/95

(813) 572-8585