

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -6 AM 9:39

DOCUMENT # P24103 (4)

1. Corporation Name

HOME SHOPPING CLUB OUTLET OF ORLANDO, INC.

Principal Place of Business

**2501 118TH AVE. N.
ST. PETERSBURG FL 33716**

Mailing Address

**POST OFFICE BOX 9090
CLEARWATER FL 34618-9090
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/28/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2945789

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

29

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 title if applicable.

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	REARDON, J. MICHAEL
STREET ADDRESS	2501 118TH AVE N
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	STD
NAME	MCKEON, KEVIN J.
STREET ADDRESS	2501 118TH AVENUE, NORTH
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	AS
NAME	WATERS, ELIZABETH A.
STREET ADDRESS	2501 118TH AVE N
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	AT
NAME	RILEY, R. JOSEPH
STREET ADDRESS	2501 118TH AVE N
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	VP
NAME	MINNEN, BRADLEY
STREET ADDRESS	2501 118TH AVE N
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	AT
NAME	LYON, RICHARD
STREET ADDRESS	2501 118TH AVENUE, NORTH
CITY - ST - ZIP	ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	Peter M. Kern
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	D
2.3 STREET ADDRESS	Gerald F. Hogan
2.4 CITY - ST - ZIP	2501 118th Avenue No. St. Petersburg, FL 33716
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(3)(A), 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 if changed, or on an attachment with an addition.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR

Elizabeth A. Waters, Asst. Sec.

3/24/95

DATE

(813) 572-8585

PHONE NUMBER