

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000013903 (9)

1. Corporation Name

OCALA COIN SHOP, INC.



Principal Place of Business

1740 E. SILVER SPRINGS BLVD.
OCALA FL 34470

Mailing Address

1740 E. SILVER SPRINGS BLVD.
OCALA FL 34470

3. Date Incorporated or Qualified

01/01/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1742 E Silver Springs Blvd

26 1742 E Silver Springs Blvd

4. FEI Number

65-0380412

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

City & State

23 Ocala, FL

City & State

28 Ocala, FL

Zip Country

24 34470

25

29 34470

Country

30

9. Name and Address of Current Registered Agent

LAZARUS, BARRY D
1740 E. SILVER SPRINGS BLVD.
OCALA FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 1742 E Silver Springs Blvd

84 City

FL

85 Zip Code

34470

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 as follows:

(If 011. Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DPV
LAZARUS, BARRY D
4771 NE 6TH ST.
OCALA FL

☐ DELETE

TS
REDSTONE, TERESA J.
9684 S W 153 LANE
DUNNELLON FL

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE 12 NAME ☐ Change ☐ Addition

13 STREET ADDRESS 14 CITY-ST-ZIP ☐ Change ☐ Addition

2. TITLE 22 NAME ☐ Change ☐ Addition

23 STREET ADDRESS 24 CITY-ST-ZIP ☐ Change ☐ Addition

3. TITLE 32 NAME ☐ Change ☐ Addition

33 STREET ADDRESS 34 CITY-ST-ZIP ☐ Change ☐ Addition

4. TITLE 42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS 44 CITY-ST-ZIP ☐ Change ☐ Addition

5. TITLE 52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS 54 CITY-ST-ZIP ☐ Change ☐ Addition

6. TITLE 62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS 64 CITY-ST-ZIP ☐ 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)(k), 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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY D. LAZARUS

4-29-96

352-732-8741

Date

Telephone #

CR2E034 (12/95)