

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT

1996 AMENDED



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

DOCUMENT # P92000013903 (9)  
1. Corporation Name

OCALA COIN SHOP, INC.

FILED

96 NOV -4 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
AMENDED

Principal Place of Business

Mailing Address

1742 E Silver Springs Blvd  
Ocala, FL 34470

1742 E Silver Springs Blvd  
Ocala, FL 34470

2. Principal Place of Business

21 1742 E Silver Springs Blvd

Suite, Apt. #, etc.

22 City & State

23 Ocala, FL

24 Zip 34470

Country

2a. Mailing Address

26 1742 E Silver Springs Blvd

Suite, Apt. #, etc.

27 City & State

28 Ocala, FL

29 Zip 34470

Country

3. Date Incorporated or Qualified

01/01/1993

3a. Date of Last Report

05/01/1996

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

9. Name and Address of Current Registered Agent

Lazarus, Barry D  
1742 E Silver Springs Blvd  
Ocala, FL 34470

10. Name and Address of New Registered Agent

81 Name

Reidt, John W

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

1742 E Silver Springs Blvd

83

84 City

Ocala

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

X [Signature]

(NOTE: Registered Agent signature required when reinstating)

X 10-21-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PPV  
NAME Lazarus, Barry D.  
STREET ADDRESS 4771 NE 6th St  
CITY-ST-ZIP Ocala, FL 34470 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
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CITY-ST-ZIP ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPV  
1.2 NAME Reidt, John W.  
1.3 STREET ADDRESS 2261 NE 41st St  
1.4 CITY-ST-ZIP Ocala, FL 34470 ☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP 0000020018181818  
-11/12/96--01024--012  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 10-21-96

Date

X 352-732-8741

Daytime Phone #

CR2E034 (3/96)