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

PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000015537 (3)

1. Corporation Name

HI-ACRES SHOP, INC.

Principal Place of Business	Mailing Address
300 CRITTENDEN ROAD GROVELAND FL 34736	P.O. BOX 638 GROVELAND FL 34736

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3160203 — 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 (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRADSHAW, CHARLES E JR 1216 NORTH PARK AVENUE WINTER PARK FL 32789	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 Section 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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ Change ☐ Addition
NAME	BRADSHAW, CHARLES E JR	
STREET ADDRESS	22051 N O'BRIEN RD	
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL 32737	
TITLE	P	☐ Change ☐ Addition
NAME	SHAW, JACK	
STREET ADDRESS	315 MAGNOLIA STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	VP	☐ Change ☐ Addition
NAME	HIGHTOWER, L. CLEVELAND	
STREET ADDRESS	1814 GERDA TERRACE	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	ST	☐ Change ☐ Addition
NAME	SUGGS, JEAN S	
STREET ADDRESS	26603 WEST COVE DRIVE	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and 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 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: Jean S. Suggs, Treasurer 4/28/95 (904) 429-4145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0462064 FP