

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1 PM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000001349 (8)

1. Corporation Name
OXBOW SHOP, INC.

Principal Place of Business Mailing Address
**8650 49TH ST N
PINELLAS PARK FL 34666
US** **8650 49TH ST N
PINELLAS PARK FL 34666
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
12/31/1992 **04/26/1994**

4. FBI Number Applied For
59-3158447 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees

7. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

22 State, Apt #, etc. 27 State, Apt #, etc.

23 City & State 28 City & State

24 Zip 25 Country 29 Zip 30 Country

8. Name and Address of Current Registered Agent

**MORTON, A J
8650-D 49TH STREET NORTH
PINELLAS PARK FL 34666**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
8650 49TH ST N

83

84 City 85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 _____
Signature typed or printed further of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	MORTON, A J
STREET ADDRESS	185 28TH AVENUE NORTH
CITY, ST, ZIP	ST PETERSBURG FL
TITLE	DVT
NAME	STEELE, WILSON E
STREET ADDRESS	185 28TH AVENUE NORTH
CITY, ST, ZIP	ST PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D P S T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Delete	
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(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 checked, or on an attachment with an address.

SIGNATURE: *A. Jeanne Morton* - **A. JEANNE MORTON - Pres.** X 4-27-95 X 813-541-5700
Signature typed or printed name of signing officer or director Date Telephone