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

95 MAY -1 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000016173 (5)**

1. Corporation Name

TRACY'S PLACE, INC.

Principal Place of Business	Mailing Address
4535 TAMIAMI TRAIL PORT CHARLOTTE FL 33980	4535 TAMIAMI TRAIL PORT CHARLOTTE FL 33980

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/26/1993**	3a. Date of Last Report: **08/09/1994**

21	26
2. Principal Place of Business	2a. Mailing Address
22 Suite, Apt. # or P.O.	27 Suite, Apt. # or P.O.
23 City & State	28 City & State
24 Zip / 25 County	29 Zip / 30 Country

4. FEI Number: **65-0388041** ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRAY, ROBERT V 303 NESBIT ST. PUNTA GORDA FL 33950	81 Name 82 Street Address (P.O. Box Numbers Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, this 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND/OR DIRECTORS IN 12	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	SILVIA, TRACY	NAME	
STREET ADDRESS	4535 TAMIAMI TRAIL	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	HEDRICK, PAUL	NAME	
STREET ADDRESS	4535 TAMIAMI TRAIL	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	HEDRICK, NORMA	NAME	
STREET ADDRESS	4535 TAMIAMI TRAIL	STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. To the best of my knowledge, the information contained herein is complete, accurate and true. I am aware that any false information submitted in a document to the Department of State for the purpose of obtaining or maintaining registration as a corporation is a violation of section 817.155, Florida Statutes. I further certify that the information indicated on this 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 added to the report.

SIGNATURE: Tracy Silvia TRACY SILVIA 4/20/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0315/902 CP