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APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

95 APR 18 PM 5:44

DOCUMENT # P93000044008 (9)

1. Corporation Name

ACCESSORIES PLUS OF SOUTH FLORIDA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1169 EIGHTH ST S
NAPLES FL 33940

Mailing Address

2400 TAMiami TRAIL NORTH
318
NAPLES FL 33940
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/22/1993

3a. Date of Last Report

05/17/1994

4. FEI Number

65-0417729

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

BUNCE, BARBARA SHELTON
2400 TAMiami TRAIL
318
NAPLES FL 33940

10. Name and Address of New Registered Agent

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 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, 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

Sandra B. Northing

(Signature, typed or printed name of registered agent and title of director)

DATE

4-10-95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BUNCE, BARBARA SHELTON
STREET ADDRESS	2400 TAMiami TRAIL N #318
CITY, ST, ZIP	NAPLES FL 33940
TITLE	VST
NAME	BUNCE, BARBARA SHELTON
STREET ADDRESS	2400 TAMiami TRAIL #318
CITY, ST, ZIP	NAPLES 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	<i>Barbara Shelton Bunce</i>	☐ Change ☒ Addition
12 NAME	<i>383 Harbour Dr #102</i>	
13 STREET ADDRESS	<i>Naples FL 33940</i>	
14 CITY, ST, ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ 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 112.07(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 of this report, or on an attachment with an address.

SIGNATURE:

Sandra B. Northing

(Signature, typed or printed name of signing officer or director)

4-10-95

DATE

(813)
434-2980

(Typed Name)