

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P93000065988 (6)

1. Corporation Name

HRS STORES, INC.

95 JUN 14 11 51 AM

Principal Place of Business

Mailing Address

**1003 OSPREY COURT
TARPON SPRINGS FL 34689**

**1003 OSPREY COURT
TARPON SPRINGS FL 34689**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

County

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORRIS, ROBERT J JR
35 W LEMON ST
TARPON SPRINGS FL 34689**

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 607.1506, 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

Signature: Typed or printed name of registered agent and title if applicable

(SEE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **ZIMMERMAN, RICHARD**
STREET ADDRESS **1003 OSPREY COURT**
CITY ST ZIP **TARPON SPRINGS FL 34689**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

TITLE **VPSD**
NAME **ZIMMERMAN, SUZANNE M**
STREET ADDRESS **1003 OSPREY CT.**
CITY ST ZIP **TARPON SPRINGS FL 34689**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☐ Change ☐ Addition

TITLE **VPTD**
NAME **D'ALMEIDA, HAROLD**
STREET ADDRESS **RUE DR HOMEU DE MELLO, 1188 APT. 41**
CITY ST ZIP **05007 SANPAULO SP BRAZIL**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 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 changed, or on an attachment with an address.

SIGNATURE:

Richard Zimmerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD ZIMMERMAN
6-7-95 (813) 943-0275**

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Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P93000066101 (5)

1. Corporation Name

LUCAS ENTERPRISES OF ESCAMBIA COUNTY FLORIDA, IN
C.

Principal Place of Business

4000 NAVY BLVD
PENSACOLA FL 32507

Mailing Address

4000 NAVY BLVD
PENSACOLA FL 32507

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1993

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

County

24

25

2a. Mailing Address

26

4000 NAVY Blvd.

27

Suite, Apt. #, etc.

28

City & State

29

PENSACOLA, FL

30

Zip

32507

County

31

ESCAMBIA

4. FEI Number

59-3201329

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

7. This corporation has liability for intangible tax under s. 100.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LUCAS, ARCHIE
4000 NAVY BLVD
PENSACOLA FL 32507

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, 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

Date

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

DPST
LUCAS, ARCHIE
4000 NAVY BLVD
PENSACOLA FL 32507

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

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SIGNATURE:

Archie A. Lucas

6-5-95

904-453-8676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number