

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000079788 (4)

1. Corporation Name

THE CB SHACK INC.

Principal Place of Business

10090 US 1
ST. AUGUSTINE FL 32086

Mailing Address

10090 US 1
ST. AUGUSTINE FL 32086

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 Zip Country

25 Zip Country

29 Zip Country

30 Zip Country

31 Zip Country

32 Zip Country

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00 Zip Country

9. Name and Address of Current Registered Agent

JEPSON, BRENDA
6683 CRILL AVE.
PALATKA FL 32177

3. Date Incorporated or Qualified

11/15/1993

3a. Date of Last Report

11/29/1995

4. FEI Number

59-3208567

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

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 607.0602 and 607.1503, 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 607.0605, Florida Statutes.

SIGNATURE

Signature typed to protect name of registered agent from disclosure

Signature typed to protect name of registered agent from disclosure

Date

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE
P BEMIS, RONALD P
STREET ADDRESS RT. 1, BOX 389 T
CITY-ST-ZIP INTERLACHEN FL 32148

TITLE NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P BEMIS, RONALD P ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1544 N. US 1
1.4 CITY-ST-ZIP ORMOND BEACH FL 32174

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(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:

Ronald Bemis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/94

(404) 672-9200

CR2E034 (12/95)