FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000079241 (2)

U.S.A. STORE SERVICES, INC.

FILED Feb 10 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address				ISBNO 18410 NION ONTON ANTI NOTA
11708 U.S. HWY. 92 EAST		11708 U.S. HWY, 92 EAST				
SEFFNER FL 33584		SEFFNER FL 33584		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					10/12/1995	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3338431	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc	· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	27				6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip Country		ry	8. This corporation owes or has paid the	current year Intangible
24	25				Personal Property Tax due June 30.	☐ Yes ☐ No
g, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent ONAPTE DOMAIN D. 81 Name						
SWARTZ, RONALD R				1 Name		
18045 JORENE RD			8	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
ODESSA FL 33556			8	3	· · · · · · · · · · · · · · · · · · ·	
			L			
			8	4 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named co					poration submits this statement for the purpos	e 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 life diapple able (NOTE Re				gent signature requi	red when reinstaling) DAT	E
12.	OFFICERS AND		13,		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	VP	☐ DELETE	1.3 TITLE	1		Change Addition
NAME	HOLSTROM, THERESA A		1.2 NAM	1		
STREET ADORESS	11708 U.S. HWY. 92 EAST			ET ADDRESS		
CITY-ST-ZIP TITLE	SEFFNER FL 33584	DELETE	1.4 CITY 2.1 TITLE			Change Addition
NAME	DENTMON, MARK E	_ been	2.2 NAM			C. Oriendo C. Noderon
STREET ADDRESS	11708 U.S. HWY. 92 EAST			ET ADORESS	,	
CITY-ST-ZIP	SEFFNER FL 33584			-ST-ZIP	south	
TITLE	S	DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	HOLSTROM, THERESA A		3.2 NAM	E		
STREET ADDRESS	11708 U.S. HWY. 92 EAST		3.3 STRE	ET ADDRESS		
CITY-ST-ZIP	SEFFNER FL 33584		3.4. CITY	- ST - ZIP		
TITLE	T	DELETE	4.1 TITLE			Change Addition
NAME	DENTMON, MARK E		4. 2 NAM	IE		
STREET ADDRESS	11708 U.S. HWY. 92 EAST			ET ADDRESS		
CITY-ST-ZIP	SEFFNER FL 33584	I Driege	4.4 City			Change Addition
TITLE		DELETE	51 TITLE			Change Addition
NAME STORET ADDOLES			5.2 NAM			
STREET ADDRESS			1	ET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	54 CITY 61 TITLE			Change Addition
NAME			6.2 NAM			
STREET ADDRESS			1	ET ADDRESS		
CITY-ST-ZIP			6.4 CITY			
		· · · · — — — — — — — — — — — — — — — —				

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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