

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000090488 (4)

1. Corporation Name

OCALA STORE, INC.



Principal Place of Business

Mailing Address

521 NORTHWEST 13TH STREET
GAINESVILLE FL 32601

521 NORTHWEST 13TH STREET
GAINESVILLE FL 32601

2. Principal Place of Business

2a. Mailing Address

21 1917 E. Silver Springs Blvd

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27

City & State

23 Ocala

28

24 Zip 34470

25

Country Marion

29

30

3. Date Incorporated or Qualified

3a. Date of Last Report

11/28/1995

4. FEI Number

Applied For

59-3343926

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81

Name Gore, Michael D.

82

Street Address (P.O. Box Number is Not Acceptable)

521 NW 13th St.

83

84

City Gainesville

FL

85 Zip Code 32601

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 of principal or person authorized to act as agent and file this application

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME GORE, ARTHUR J
STREET ADDRESS 521 NORTHWEST 13TH STREET
CITY-STATE-ZIP GAINESVILLE FL 32601

1.1 TITLE Director, President, Secretary
1.2 NAME Gore, Arthur J.
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE D
NAME SHUKOVSKY, DAVID R
STREET ADDRESS 521 NORTHWEST 13TH STREET
CITY-STATE-ZIP GAINESVILLE FL 32601

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE D
NAME FLEISCHMAN, ANDOR
STREET ADDRESS 2019 MALLORY LANE
CITY-STATE-ZIP HIGHLAND PARK IL 60035

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 521 NW 13th St.
3.4 CITY-STATE-ZIP Gainesville, FL 32601

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE V.P. Operations
4.2 NAME Gore, Michael D.
4.3 STREET ADDRESS 521 NW 13th St.
4.4 CITY-STATE-ZIP Gainesville, FL 32601

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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: Arthur J. Gore President

3/3/96

904-378-5224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)