

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # S61271 (0)

1. Corporation Name

PUBLISHERS' OUTLET OF KISSIMMEE, INC.

Principal Place of Business

Mailing Address

6646 W. HIGHWAY 98
PANAMA CITY BEACH FL 32407-5406

6646 W. HIGHWAY 98
PANAMA CITY BEACH FL 32407-5406

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/17/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3073840

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

2a. Mailing Address

21 Kiss. Man E. Outlet Mall

25 Suite, Apt. #, etc.

22 25665 Old Vineland Rd

27 Suite, Apt. #, etc.

23 Kissimmee, FL

28 City & State

24 34746-5840

29 Country

25 Osceola

30 Zip

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

HESS, GLENN L.
9108 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32408

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 fee if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	VANDERVEEN, ALLEN G.
STREET ADDRESS	1028 BARRACUDA ST.
CITY - ST - ZIP	PANAMA CITY BEACH FL
TITLE	D
NAME	VANDERVEEN, MILDRED F.
STREET ADDRESS	1028 BARRACUDA ST.
CITY - ST - ZIP	PANAMA CITY BEACH FL
TITLE	D
NAME	VANDERVEEN, CRAIG J.
STREET ADDRESS	330 WAHOO
CITY - ST - ZIP	PANAMA CITY BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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)(b), 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: Allen G. Vander Veen Allen G. Vander Veen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-9-95 904-235-2950

Date Daytime Phone

CR2E034 (3/95)