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CORPORATION ANNUAL REPORT 1995

S82821

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -3 AM 11:28

DOCUMENT # S82821

1. Corporation Name
DOUBLE NICKELS INCORPORATED

000001423060
-03/07/95--01044--016
****592.50 ****592.50

Principal Place of Business	Mailing Address
LAKE PLACID DISCOUNT LIQUOR	122 N. MAIN ST LAKE PLACID, FL. 33852

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 122 N. MAIN ST.
22 Suite, Apt. #, etc.
23 City & State: LAKE PLACID, FL
24 Zip: 33852 25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualified: 9-25-91
3a. Date of Last Report: 5-93 ?
4. FEI Number: 59-3090430 ☐ 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

9. Name and Address of Current Registered Agent
JAMES R. STOBAUGH
1220 N. MAIN ST.
LAKE PLACID, FL. 33852

10. Name and Address of New Registered Agent
81 Name: JAMES R. STOBAUGH
82 Street Address (P.O. Box Number is Not Acceptable): 28 MEADOWLAKE CIRCLE S.
83 City: LAKE PLACID, FL.
84 FL 85 Zip Code: 33852

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: JAMES R. STOBAUGH PRES. James R. Stobaugh Jr. 2-8-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	Pres - V.P. - S. - T
NAME	JAMES R. STOBAUGH
STREET ADDRESS	28 MEADOWLAKE CIRCLE S.
CITY-ST-ZIP	LAKE PLACID, FL. 33852
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE	2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE	3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE	4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE	5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE	6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

RE-STATEMENT 1994-1995

OK - (2 OUS)

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)(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.

SIGNATURE: James R. Stobaugh Jr. Pres. JAMES R. STOBAUGH 2-8-95 8134656061
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR Date Daytime Phone #