FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V06417** **(2)**

1. Corporation Name
SHARON ANN'S, INC.

Principal Place of Business	Mailing Address
1400 NW 150 AVENUE OCALA FL 33155	P.O. BOX 770912 OCALA FL 34477-0912

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/14/1992**
3a. Date of Last Report: **04/08/1994**

4. FEI Number: **65-0304650** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 1000 NW 150 AVE	26 650 SW 48 St Rd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Ocala FL	28 City & State: Ocala FL
24 Zip: 34482 25 Country: USA	29 Zip: 34474 30 Country: USA

9. Name and Address of Current Registered Agent

BUDZINSKI, SHARON
1400 N.W. 150 AVENUE
OCALA FL 34477

10. Name and Address of New Registered Agent

81 Name: BUDZINSKI, SHARON
82 Street Address (P.O. Box Number is Not Acceptable): 1000 NW 150 AVENUE
83
84 City: Ocala FL 85 Zip Code: 34482

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: Sharon Budz 4/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	BUDZINSKI, SHARON ANN	1.2 NAME	BUDZINSKI, SHARON ANN
STREET ADDRESS	P.O. BOX 770912 N/A	1.3 STREET ADDRESS	1000 NW 150 AVENUE
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	OCALA, FL 34482
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

904-237-

SIGNATURE: Sharon Budz 4/26/95 5225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0487713 FP