

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V51275 (8)

1. Corporation Name

SHOPPER'S FAIR, INC.

Principal Place of Business

**255 EAST DRIVE
SUITE L
MELBOURNE FL 32904
US**

Mailing Address

**255 EAST DRIVE
SUITE L
MELBOURNE FL 32904
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/16/1992

3a. Date of Last Report

05/31/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-3133549

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

**HAMMOND, JAMES L.
658 N. WILDWOOD LANE
MELBOURNE FL 32904**

10. Name and Address of New Registered Agent

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

James L. Hammond **PRESIDENT**

4/26/95

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	HAMMOND, JAMES L.
STREET ADDRESS	658 N. WILDWOOD LANE
CITY - ST - ZIP	MELBOURNE FL
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	DP	☒ Change ☐ Addition
1.2 NAME	HAMMOND, JAMES L.	
1.3 STREET ADDRESS	658 N. WILDWOOD LANE	
1.4 CITY - ST - ZIP	MELBOURNE FL 32901	
2.1 TITLE	VST	☐ Change ☒ Addition
2.2 NAME	RIETZEL, MICHAEL J	
2.3 STREET ADDRESS	612 CORNELL AVE.	
2.4 CITY - ST - ZIP	MELBOURNE FL 32901	
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 1107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James L. Hammond

JAMES L. HAMMOND, PRES.

(407) 984-1117

(Signature typed or printed name of signing officer or director)

Date

Signature (Typed)