

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

FILED  
Apr 12, 1996 08:00 AM  
Secretary of State

DOCUMENT # V69570 (2)

1. Corporation Name

HAPPY STORES, INC.



Principal Place of Business

415 MOUNTAIN DR.  
DESTIN FL 32541  
US

Mailing Address

P.O. BOX 9  
DESTIN FL 32540  
US

2. Principal Place of Business

21 319 Mountain Dr.  
Suite, Apt. #, etc.

22 City & State  
23 Destin, FL

24 Zip 32541  
25 Country USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip  
29 Country

3. Date Incorporated or Qualified  
10/08/1992

3a. Date of Last Report  
01/31/1995

4. FEI Number  
59-3147478

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

RICHARDSON, JAMES L JR.  
415 MOUNTAIN DR.  
SUITE 4  
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name  
James L. Richardson Jr.  
82 Street Address (P.O. Box Number is Not Acceptable)  
319 Mountain Dr.  
83  
84 City Destin  
85 Zip Code FL 32541

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

*J. L. Richardson*  
(Signature, typed or printed name of registered agent and title if applicable)

*J. L. Richardson*  
(Typed Name of Registered Agent)

*4/5/96*  
(Date)

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME RICHARDSON, JAMES L JR.  
STREET ADDRESS 415 MOUNTAIN DR. SUITE 4  
CITY- ST- ZIP DESTIN FL 32541 ☐ DELETE

TITLE SD  
NAME CONINE, J L  
STREET ADDRESS 4321 VILLAGE OAKS LANE  
CITY- ST- ZIP DUNWOODY GA 30338 ☐ DELETE

TITLE AS  
NAME GAGNON, DENNIS P  
STREET ADDRESS 415 MOUNTAIN DRIVE, SUITE 4  
CITY- ST- ZIP DESTIN FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY- ST- ZIP ☐ Change ☐ Addition

2. TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP ☐ Change ☐ Addition

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)(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:

*J. L. Richardson*  
(Signature and typed or printed name of signing officer or director)

*4/5/96*  
(Date)

*904-837-3977*  
(Daytime Phone #)

CR2E034 (12/95)