SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 467301 (8)

1. Corporation Name
COUNTRY DAYS, INC.

Principal Place of Business	Mailing Address
3005 CARING WAY P.O. BOX 3179 PORT CHARLOTTE FL 33949	3005 CARING WAY P.O. BOX 3179 PORT CHARLOTTE FL 33949

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1975

4. FEI Number: 59-1570260 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 417 BRIDGE St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. Apt. # 202
23 City & State	28 City & State Charlevoix, MI
24 Zip / 25 Country	29 Zip 49720 / 30 Country Charlevoix

9. Name and Address of Current Registered Agent

LORICCO, CAROLO J
3005 CARING WAY
PT CHARLOTTE FL 33952

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	AMICK, CAROL		1.2 NAME	
STREET ADDRESS	102 MASON STREET, APT. 202		1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLEVOIX MI		1.4 CITY-ST-ZIP	
TITLE	VTD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	AMICK, EDWARD		2.2 NAME	
STREET ADDRESS	102 MASON STREET, APT. 202		2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLEVOIX MI		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LORICCO, CALRO J		3.2 NAME	
STREET ADDRESS	3005 CARING WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33949		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (5/98)

14. I hereby certify that the information supplied with this filing 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: [signature] 7/17/98 616-547-9905