

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G92126** (3)

1. Corporation Name  
**BUDDY BOY'S KOUNTRY KORNER, INC.**

Principal Place of Business  
**8430 C.R. 13 NORTH  
ST. AUGUSTINE FL 32092**

Mailing Address  
**8430 C.R. 13 NORTH  
ST. AUGUSTINE FL 32092-2408**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

**03/20/1984**

3a. Date of Last Report

**07/01/1996**

4. FET Number

**59-2399619**

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

**BRYANT, IRA E.  
2900 JOE ASHTON ROAD  
ST AUGUSTINE FL 32092**

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

Signature of Registered Agent (if not listed above, then Not Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                | STREET ADDRESS       | CITY - ST - ZIP | DELETE                   |
|-------|---------------------|----------------------|-----------------|--------------------------|
|       | DP                  |                      |                 | <input type="checkbox"/> |
|       | BRYANT, IRA E.      | 2900 JOE ASHTON ROAD | ST AUGUSTINE FL |                          |
|       | D                   |                      |                 | <input type="checkbox"/> |
|       | BRYANT, MARJORIE D. | 2900 JOE ASHTON ROAD | ST AUGUSTINE FL |                          |
|       |                     |                      |                 | <input type="checkbox"/> |
|       |                     |                      |                 | <input type="checkbox"/> |
|       |                     |                      |                 | <input type="checkbox"/> |
|       |                     |                      |                 | <input type="checkbox"/> |
|       |                     |                      |                 | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY - ST - ZIP | Change                   | Addition                 |
|----------|---------|-------------------|--------------------|--------------------------|--------------------------|
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 TITLE | 22 NAME | 23 STREET ADDRESS | 24 CITY - ST - ZIP | Change                   | Addition                 |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 TITLE | 32 NAME | 33 STREET ADDRESS | 34 CITY - ST - ZIP | Change                   | Addition                 |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 41 TITLE | 42 NAME | 43 STREET ADDRESS | 44 CITY - ST - ZIP | Change                   | Addition                 |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 51 TITLE | 52 NAME | 53 STREET ADDRESS | 54 CITY - ST - ZIP | Change                   | Addition                 |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 61 TITLE | 62 NAME | 63 STREET ADDRESS | 64 CITY - ST - ZIP | Change                   | Addition                 |
|          |         |                   |                    | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do 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]*

**IRA E. BRYANT**

**1-6-97**

**904 824-9652**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

CR2E034 (9/96)