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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Workman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L08114** (5)

1. Corporation Name
PAM'S COUNTRY STORE, INC.

Principal Place of Business Mailing Address
5313 TENTH AVE N GREENACRES FL 33463 **5313 TENTH AVE N GREENACRES FL 33463**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	26	27	
Suite, Apt #, etc		Suite, Apt #, etc	
22 City & State		27 City & State	
23 Zip	25 Country	29 Zip	30 Country

3. Date incorporated or Qualified 09/10/1989	3a. Date of Last Report 04/15/1994
4. FEI Number 65-0141040	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Deemed <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
B. This corporation has liability for intangible tax under S. 191.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RUHNKE, PAMELA
5313 TENTH AVE N
GREENACRES FL 33463**

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 the 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 typed or printed name of registered agent and title of agent (date)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	RUHNKE, PAMELA
STREET ADDRESS	5313 TENTH AVE N
CITY - ST - ZIP	GREENACRES FL
TITLE	D
NAME	RUHNKE, CHARLES D.
STREET ADDRESS	5313 TENTH AVE N
CITY - ST - ZIP	GREENACRES FL
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 13	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DELETE, NO LONGER AN OFFICER OR DIRECTOR
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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******200.00 (****200.00)**

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 319.07(1)(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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Pamela T. Ruhnke* **PAMELA T. RUHNKE** 3-17-95 407-642-9054
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR