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

FILED May 08 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P93000008442 (4) DOCUMENT # CLARKSVILLE GENERAL STORE, INC. Principal Place of Business Mailing Address PO BOX 69 PO BOX 69 CLARKSVILLE FL 32430 CLARKSVILLE FL 32430 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/03/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3164512 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FUCUA, HARRY M 81 ONNIE JONES 4450 LAFAYETTE ST **B2** Street Address (P.O. Box Number is Not Acceptable) MARIANNA FL 32448 83 84 11. Pursuant to the provisions of Sections 607 0502 and 607.1508. Florida Statutes, the above-named corporation submits this office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of direct agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered name of registered agent and title if applicable ired when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Addition 1.1 TITLE Change JONES, CONNIE H NAME 1.2 NAME HIGHWAY 20 WEST STREET ADORESS 1.3 STREET ADDRESS **CLARKSVILLE FL 32430** CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE □ DELETE 21 TITLE Change Addition JONES, KENNETH B 22 NAME HIGHWAY 20 WEST STREET ADDRESS 2.3 STREET ADDRESS **CLARKSVILLE FL 32430** CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETE Change Addition 5.1 Title NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE ☐ Addition 61 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

6.4 CITY-ST-ZIP

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.