05-10-1999 90250 013 \*\*\*150.00

# 128 | 128 | 128 | 128 | 128 | 128 | 128 | 128 | 128 | 128 | 128 | 128 | 128 | 128 | 128 | 128 | 128 | 128 |

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000008442

CLARKSVILLE GENERAL STORE, INC.

Principal Place of Business Mailing Address					
PO BOX 69 CLARKSVILLE FL 32430 CLARKSVILLE FL 32430					
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					02/03/1993
Principal Place of Business     2a. Mailing Address					4. FEI Number Applied For
21 26				59-3164512 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional
22		27			ree Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Count		
— ·	25	29	30	у	8. This corporation owes the current year Intangible  Personal Property Tax.  Yes No
24	9. Name and Address of Curr		301		10. Name and Address of New Registered Agent
	or ivaling and Address or our	ent regional ou regone	8	1 Name	
JONES, CONNIE				0 0 11	(L. (D.O. D. Alizabasia Mat Aggartable)
PO BOX 69			l	2 Street Ad	Idress (P.O. Box Number is Not Acceptable)
CLARKSVILLE FL 32430			8	3	
				4 City	85 Zip Code
					prporation submits this statement for the purpose of changing its registered
agent. I a SiGNATURE	m familiar with, and accept the obli	gations of, Section 607.0505, Floi	rida Statuti	95.	ation's board of directors. I hereby accept the appointment as registered
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITU		☐ Change ☐ Addition
NAME	JONES, CONNIE H		1.2 NAM	i	
STREET ADDRESS	HIGHWAY 20 WEST		1.3 STRI	EET ADDRESS	
CITY-ST-ZIP	CLARKSVILLE FL 32430		_	-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JONES, KENNETH B		2.2 NAM		
STREET ADDRESS	HIGHWAY 20 WEST		ľ	ET ADDRESS	
CITY-ST-ZIP	CLARKSVILLE FL 32430	☐ DELETE	2. 4 CITY 3.1 TITLE	'-ST-ZIP	☐ Change ☐ Addition
TITLE			3.1 IIILI 3.2 NAM		_ S.ango
NAME			i	ET ADDRESS	
STREET ADDRESS				-ST-ZIP	
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITL		Change Addition
NAME			4.2 NAN		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			4.4 CITY	1	
TITLE		☐ OELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			52 NAM	ē	
STREET ADDRESS			53 STR	EET ADDRESS	
CITY-ST-ZIP			54 CITY	-ST-ZIP	

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, with all other like empowered.

6.1 TITLE

6.2 NAME

63 STREET ADDRESS

6 4 CITY-ST-ZIP

OELETE

TITLE

NAME

STREET ADDRESS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-674-338

☐ Change

Addition