FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:05

DOCUMENT # 213801 (4)

1. Corporation Name
DENHAM COUNTRY STORE, INC.

Principal Place of Business	Mailing Address
3584 ST JOHNS AVENUE JACKSONVILLE FL 32205	3584 ST JOHNS AVENUE JACKSONVILLE FL 32205

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/15/1958	3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-0863903	☐ 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	

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

9. Name and Address of Current Registered Agent

HOLBROOK, H LEON
INDEPENDENT SQUARD
JACKSONVILLE FL .

10. Name and Address of New Registered Agent

31 Name N/A
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☐ Change ☐ Addition
TITLE	PD	11 TITLE	Pd	
NAME	ALLEN, CATHERINE T	12 NAME	Same	
STREET ADDRESS	4849 ORTEGA BLVD	13 STREET ADDRESS	Same	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	14 CITY-ST-ZIP	32210	
TITLE	V	21 TITLE	V.P.	☐ Change ☐ Addition
NAME	ALLEN., WALLACE JR.	22 NAME	W. Wallace Allen, JR	
STREET ADDRESS	4849 ORTEGA BLVD	23 STREET ADDRESS	Same	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	24 CITY-ST-ZIP	32210	
TITLE	STD	31 TITLE	Sec. Treas.	☐ Change ☐ Addition
NAME	ELARBEE, JUNE E.	32 NAME	Same	
STREET ADDRESS	5117 CHARLEMANGE	33 STREET ADDRESS	Same	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	34 CITY-ST-ZIP	32210	
TITLE	V	41 TITLE	V.P.	☐ Change ☐ Addition
NAME	ELARBEE, HENRY	42 NAME	Same	
STREET ADDRESS	5117 CHARLEMANGE	43 STREET ADDRESS	Same	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	44 CITY-ST-ZIP	32210	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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 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: Catherine T. Allen 2/15 904-384-2261
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNED ABOVE — Date — Daytime Phone #

0014873 CP