SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **622126** **(1)**

1. Corporation Name
COUNTY INDUSTRIES, INC.

Principal Place of Business	Mailing Address
P O BOX 0664 YULEE FL 32097-664 US	P O BOX 0664 YULEE FL 32097-664 US

2. Principal Place of Business 21 P O BOX 664	2a. Mailing Address 26 P. O. BOX 664
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 YULEE	City & State 28 YULEE
Zip / Country 24 32097-0664 25	Zip / Country 29 32097-0664 30

3. Date Incorporated or Qualified: 05/17/1979
3a. Date of Last Report: 03/23/1995
4. FEI Number: 59-1912236 ☐ 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

FAY, DAVID N.
1591 HARTS RD E
HEDGES NR YULEE FL 33132

10. Name and Address of New Registered Agent

81 Name: FAY N. DAVID
82 Street Address (P.O. Box Number is Not Acceptable): 1017 HARTS RD
83
84 City: YULEE FL 85 Zip Code: 32097-4427

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 _____ (NOTE: If registered agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	FAY, N. DAVID		1.2 NAME	FAY N. DAVID	
STREET ADDRESS	1591 HARTS RD E		1.3 STREET ADDRESS	1017 HARTS RD	
CITY-ST-ZIP	HEDGES NR YULEE FL		1.4 CITY-ST-ZIP	YULEE, FL 32097-4427	
TITLE	TS	☐ DELETE	2.1 TITLE	TS	☒ Change ☐ Addition
NAME	FAY, PAULINE		2.2 NAME	FAY, PAULINE	
STREET ADDRESS	1591 HARTS RD E		2.3 STREET ADDRESS	1017 HARTS RD	
CITY-ST-ZIP	HEDGES NR YULEE FL		2.4 CITY-ST-ZIP	YULEE, FL 32097-4427	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ 6 June 96 904 225 0986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #