FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **626948** **(4)**

1. Corporation Name
COUNTRY QUALITY MARKET, INC.

Principal Place of Business	Mailing Address
HWY. 64W P.O. BOX 397 WAUCHULA FL 33873 US	P. O. BOX 161 WAUCHULA FL 33873 US

3. Date Incorporated or Qualified: 07/02/1979
3a. Date of Last Report: 06/14/1995

2. Principal Place of Business
21 Hwy 64W PoBox 397
Suite, Apt. #, etc. 22
City & State 23 ONA, FLA
Zip 24 33865 Country 25 HARDEE

2a. Mailing Address
26 PO Box 397
Suite, Apt. #, etc. 27
City & State 28 ONA FLA
Zip 29 33865 Country 30 HARDEE

4. FEI Number: 59-1919381 ☐ 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

TURNER, DALE E.
ROUTE 2, HIGHWAY 64 EAST
WAUCHULA FL 33873

10. Name and Address of New Registered Agent

81 Name: TURNER, DALE E. SR.
82 Street Address (P.O. Box Number is Not Acceptable):
83 Hwy 64 W. & Ft Green Rd
84 City: Ona, Fla FL 85 Zip Code: 33865

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: Dale E Turner Sr 8/6/1996
Signature, Typed or printed name of Registered Agent and Title, if applicable — Registered Agent's signature required before entity can be filed — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TURNER, DALE E.	1.2 NAME	
STREET ADDRESS	ROUTE 2	1.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TURNER, SHIRLEY A.	2.2 NAME	
STREET ADDRESS	ROUTE 2	2.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL	2.4 CITY-ST-ZIP	
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	

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: Dale E Turner Sr 8/6/1996 941-735-1106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DALE E. TURNER SR

CR2E034 (12/95)