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 # 632228 (3)

1. Corporation Name

B.J.'S COUNTRY SQUIRE, INC.

Principal Place of Business	Mailing Address
7220 W. UNIV. EXT GAINESVILLE FL 32607	7220 W. UNIV. EXT GAINESVILLE FL 32607

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

3. Date Incorporated or Qualified: **08/08/1979**
3a. Date of Last Report: **08/22/1995**
4. FEI Number: **59-1936443** ☐ 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

CHIARELL, BARBARA JOANN
1022 S.W. 112TH ST.
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P ☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	VINCENT, BARBARA J	1.2 NAME
STREET ADDRESS	~~190 MARIANO RD~~ 11210 NE 109th Rd	1.3 STREET ADDRESS
CITY-ST-ZIP	ARCHER FL 32618	1.4 CITY-ST-ZIP
TITLE	V ☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	CHIARELL, FRED	2.2 NAME
STREET ADDRESS	1022 S.W. 112TH ST.	2.3 STREET ADDRESS
CITY-ST-ZIP	GAINESVILLE 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 700001925957 ☐ Change ☐ Addition
NAME		5.2 NAME -08/20/96--01039--021
STREET ADDRESS		5.3 STREET ADDRESS ***200.00
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	☐ DELETE	6.1 TITLE 800001925958 ☐ Change ☐ Addition
NAME		6.2 NAME -08/20/96--01039--022
STREET ADDRESS		6.3 STREET ADDRESS ***25.00
CITY-ST-ZIP		6.4 CITY-ST-ZIP

CR2E034 (12/95)

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: X Barbara Chiarell 4-25-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

8/19/96