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
TALLAHASSEE, FLORIDA

DOCUMENT # **H97193** **(7)**

1. Corporation Name
COUNTRY SAMPLER, INC.

Principal Place of Business
~~6619~~ ~~WEST NEWBERRY RD~~
GAINESVILLE FL 32605

Mailing Address
~~6619~~ ~~WEST NEWBERRY RD.~~
GAINESVILLE FL 32605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1986
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
21: 6619 W. Newberry Rd
22: Suite, Apt. #, etc
23: City & State: Gainesville, FL
24: Zip: 32605
25: Country: USA

2a. Mailing Address
26: 6619 W. Newberry Rd
27: Suite, Apt. #, etc
28: City & State: Gainesville, FL
29: Zip: 32605
30: Country: USA

4. FEI Number: 59-2639998 ☐ 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

BAIRD, JUDY G.
9720 N.W 27TH PLACE
GAINESVILLE FL 32606

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: Judy G. Baird (Signature required for printed name of registered agent and title if applicable) N/A (NOTE: Registered Agent signature required when updating) 5-21-95 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	BAIRD, JUDY G.	12 NAME		
STREET ADDRESS	9720 NW 27 PL	13 STREET ADDRESS		
CITY ST ZIP	GAINESVILLE FL	14 CITY ST ZIP		
TITLE	DST	21 TITLE		☐ Change ☐ Addition
NAME	SCHMIDT, LOUISE D.	22 NAME		
STREET ADDRESS	12727 N.W. 56TH AVENUE	23 STREET ADDRESS		
CITY ST ZIP	GAINESVILLE FL	24 CITY ST ZIP		
TITLE	VP	31 TITLE		☐ Change ☐ Addition
NAME	SCHMIDT, LOUISE D	32 NAME		
STREET ADDRESS	12727 NW 56TH AVE	33 STREET ADDRESS		
CITY ST ZIP	GAINESVILLE FL	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
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: Judy G. Baird 5/22/95 (904) 331-2635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032762 CP