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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # H97193

1. Corporation Name
COUNTRY SAMPLER, INC.

Principal Place of Business
 6619 W NEWBERRY RD
 GAINESVILLE FL 32605
 US

Mailing Address
 6619 W NEWBERRY RD
 GAINESVILLE FL 32605
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/03/1986

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2639998

Applied For
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

4-30-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **DP**
 STREET ADDRESS **BAIRD, JUDY G.**
 CITY-ST-ZIP **~~9720 NW 27 PL~~**
GAINESVILLE FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **8919 SW 44th Lane**
 1.4 CITY-ST-ZIP **32608**

TITLE DELETE
 NAME **DST**
 STREET ADDRESS **SCHMIDT, LOUISE D.**
 CITY-ST-ZIP **12727 N.W. 56TH AVENUE**
GAINESVILLE FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **VP**
 STREET ADDRESS **SCHMIDT, LOUISE D**
 CITY-ST-ZIP **12727 NW 56TH AVE**
GAINESVILLE FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Judy Baird

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

DATE

352-331-2635

Daytime Phone #

CR2E034 (1/98)

U.S. 1993