PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J02126

1. Corporation Name

	EAD COUNTRY STORES, I										
Principal Place		•	Mailing Address								
3160 N. PACE BLVD. PENSACOLA FL 32505 PENSACOLA FL 32505											
- 14 14 4 - 1							DO NOT WRI	TE IN THIS	SPACE		,
	•					Ţ	3. Date Incorporated or Qualifed				ļ
0.54.1.5		On Mailine Address					03/01/1986 4. FEI Number			plied For	1
2. Principal P	lace of Business	2a. Mailing Address	26 26				59-2693774			t Applicable	ĺ
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							\$8.75		1
22		27					5. Certificate of Status Desired		Fee Re	quired	
City & Stat	e	City & State					6. Election Campaign Financing		\$5.00		ľ
23		28					Trust Fund Contribution		Added t	o Fees	ł
Zip ~~γ	Country	Zip	¬ '				8. This corporation owes the curr	ent year Inta	ngible □ Yes	□No	
24	9. Name and Address of Curren	29 .	30	_		i	Personal Property Tax. 10. Name and Address of New F	Registered A			ł
	J. Hallie and Address Of Corre	t itegistored Agent	,	81	Name		,	g	<i>9</i>	*****	1
	FFMANN, DONALD Ł.			82	Ctroot A	aldass	s (P.O. Box Number is Not Accepta	able)	_		$\frac{1}{2}$
	N. PACE BLVD.			02	SHEELA	uuies	s (F.O. DOX Number is Not Accepte	10107			
PEN	SACOLA FL 32505			83							
				84	City	FL 85 Zip Co			Code	1	
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered ager	of Florida. Such change was a tions of, Section 607.0505, Flo	uthorized orida Stat	d by 1 utes.	the corpor	ration'	ation submits this statement for the s board of directors. I hereby acception from the statement for t	ot the appoin	tment as re	registered gistered	
12.		D DIRECTORS	13.				ADDITIONS/CHANGES TO OF	FICERS AN		RS IN 12] 8
TITLE	DP	P ☐ DELETE		1.1 TITLE					Change	☐ Addition] }
NAME	KAUFFMANN, DONALD L.		1.2 N/	1.2 NAME			52 Tivosa Circle nsacola [7]	Q			3
STREET ADDRESS	3008-CANNONADE-DRIVE		1.3 STREET		ADORESS	G/c	51 110054 0164	2 15	11.		j
CITY-ST-ZIP	PENSACOLA FL.			1.4 CITY-ST-ZIP		re	nsacola, 1-1	2250	~Q	T Addition	ļ
TITLE	☐ DELETE			2.1 TITLE					☐ Change	☐ Addition	l `
NAME			2.2 N								
STREET ADDRESS		ſ	1		ADDRESS			/			}
CITY-ST-ZIP TITLE		☐ DELETE	3.1 77	TLF	1-212				Change	Addition	1
NAME			3.2 NAME		-						
STREET ADDRESS			3.3 ST	TREET	ADDRESS						
CITY-ST-ZIP	1		3.4. 0	:ITY-S	T-ZIP						1
TITLE		☐ DELETE	4.1 ∏	TLE					Change	Addition	
NAME	•	1	4. 2 N	AME							}
STREET ADDRESS			4.3 S	TREET	ADDRESS						
CITY-ST-ZIP			_	ITY-ST	-ZIP				Change	☐ Addition	┨
TITLE		☐ DELETE	5.1 TI						Change	Addition	
NAME			5.2 N		ADDRESS						
STREET ADDRESS				IKEE1 MY-\$1							1
TITLE		☐ DELETE	6.1 TI		-"				Change	☐ Addition	1
HILE .		- DEFEIC	62 N		1						

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, of the address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90148 011 ***150.00