**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT
**1995**

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

**FILED**
95 AUG 10 PM 12:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **J06671** **(8)**

1. Corporation Name
**COUNTRY CASUAL FASHIONS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3508 E. SILVER SPRINGS BOULEVARD<br>OCALA FL 34471<br>US | 3502 E. SILVER SPRINGS BOULEVARD<br>OCALA FL 34471<br>US |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/25/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26: 3508 E S. Iver Sps Blvd
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28: Ocala, Fl
Zip — 24: 34470
Country — 25: MARION
Zip — 29: 34470
Country — 30: Marion

4. FEI Number: 59-2654153 ☐ 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

**SHEPPARD, PHYLLIS S**
**2659 NE 35TH ST.**
**OCALA FL 32670**

10. Name and Address of New Registered Agent

81 Name: Sheppard, Phyllis S.
82 Street Address (P.O. Box Number is Not Acceptable)
83: 2001 NE 78 Street
84 City: Ocala **FL** 85 Zip Code: 34479

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | SHEPPARD, PHYLLIS S. | 1.2 NAME | |
| STREET ADDRESS | 7795 NE JACKSONVILLE RD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCALA FL 34479 | 1.4 CITY-ST-ZIP | |
| TITLE | S | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | SHEPPARD, PHYLLIS S. | 2.2 NAME | |
| STREET ADDRESS | 7795 NE JACKSONVILLE RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCALA FL | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E034 (3/95)

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:** Phyllis S Sheppard 8-7-95 904-351-8779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Phyllis S. Sheppard

0112217 CP