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Jul 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J22091

(9)

1. Corporation Name

ST. MARKS COUNTRY STORE, INC.

Principal Place of Business

PORT LEON DRIVE  
P.O. BOX 188  
ST. MARKS FL 32355

Mailing Address

PORT LEON DRIVE  
P.O. BOX 188  
ST. MARKS FL 32355-0188



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/27/1986

3a. Date of Last Report

08/08/1996

4. FEI Number

59-2690835

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for tangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GOLDENETZ, DEWEY F.  
900 PORT LEON DR.  
ST. MARKS FL 32355

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GOLDENETZ, DEWEY F.  
STREET ADDRESS 2505 BEDFORD WAY  
CITY - ST - ZIP TALLAHASSEE FL 32308 ☐ DELETE

TITLE SD  
NAME GOLDENETZ, REGINAL  
STREET ADDRESS 2505 BEDFORD WAY  
CITY - ST - ZIP TALLAHASSEE FL 32308 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Goldenetz, Dewey, F ☒ Change ☐ Addition  
1.3 STREET ADDRESS 900 Port Leon DR  
1.4 CITY - ST - ZIP ST. MARKS, FL 32355

2.1 TITLE SD  
2.2 NAME Goldenetz, Heather, E.  
2.3 STREET ADDRESS 285 FIRE ESCAPE ROAD  
2.4 CITY - ST - ZIP ST. MARKS, FL 32355 ☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS ☐ Change ☐ Addition

14. I do 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.

SIGNATURE: *Dewey F. Goldenetz*

1-89-97 8509459908

CR2E034 (9/96)