FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(9)

FILED May 12 1998 8:00am Secretary of State

ST. MARKS COUNTRY STORE, INC.				
Principal Place of Business	Mailing Address		1 1001115 0110 (1819 11011 00110 11018) 1101 01101 01101	
PORT LEON DRIVE P.O.BOX 188	PORT LEON DRIVE P.O.BOX 188		DO NOT MIDITE ALTHUO	00405
ST.MARKS FL 32355	ST.MARKS FL 32355		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE
			06/27/1986	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-2690835	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	City & State			Fee Required
23	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	This corporation owes or has paid the cu	
24 25	29	30		☑ Yes ☐ No
9, Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
GOLDENETZ, DEWEY F.		81 Name		
900 PORT LEON DR.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
ST. MARKS FL 32355		83		. .
		63		
		84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607 0502	and 607.1508. Florida Statutes	s, the above-named co		of changing its registered
11. Pursuant to the provisions of Sections 607.0507 office or registered agent, or both, in the State agent. I am lamiliar with, and accept the obliga	of Florida, Such change was au	uthorized by the corpora	ation's board of directors. I hereby accept the ap-	pointment as registered
SIGNATURE	Torra or, Econori co, 1000, 1101	ida Siatutes.		
Signature typed or printed name of registered agent	t and title if applicable (NOTC:	Registered Agent signature requ	uired when reinstating) DATE	
12. OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE PO NAME GOLDENETZ, DEWEY F.	☐ DELETE	1.1 TITLE		Change Addition
STREET ADDRESS 900 PORT LEON DR		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP ST MARKS FL				
TITLE SD				
	☐ DELETE	1.4 CVTV ST 7/D	SD	Change Addition
1	DELETE	1.4 CVTV ST 7/D	Deman Heather 1	Change Addition
AAI APINETT LIEATURA E	☐ DELETE	1.4 CVTV ST 7/D	SD Chapman Heather 1	Change Addition
NAME GOLDENETZ, HEATHER E	☐ DELETE	1.4 CVTV ST 7/D	SD MAN Heather I shapman Heather I st marks th	Change Addition
NAME GOLDENETZ, HEATHER E STREET ADDRESS 285 FIRE ESCAPE ROAD	☐ DELETE	1.4 CVTV ST 7/D	Shapman Heather L 85 Fire Escape Root ET. MARKS FL	Change Addition Change Addition
NAME STREET ADDRESS CITY-ST-ZIP GOLDENETZ, HEATHER E 285 FIRE ESCAPE ROAD ST MARKS FL		1.4 CHY-SI-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP	SD Chapman Heather L 85 Fire Escape Roos ET. MARKS FL	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS GOLDENETZ, HEATHER E 285 FIRE ESCAPE ROAD ST MARKS FL WARKS FL		1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	SD Shapman Heather L 185 Fire Escape Roos ET. MARKS FL	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP GOLDENETZ, HEATHER E 285 FIRE ESCAPE ROAD ST MARKS FL TITLE NAME STREET ADDRESS CITY-ST-ZIP	[_] DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	SD Shapman Heather 1 85 Fire Escape Rodi 85 MARKS FL	
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indicated on this annual report or supplied with this him does not duality for the exemption stated in Section 1.19-07-07(f), Florida Statutes. Infinite certain that the informatic indicated on this annual report or supplied with this limit 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 changing, or on an attachment with an adilless.

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