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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:13

DOCUMENT # **J82008** **(0)**

1. Corporation Name
SCOTT'S COUNTRY STORE, INC.

Principal Place of Business	Mailing Address
3407 W. BUSCH BLVD. P.O. BOX 151529 TAMPA FL 33684-1529 US	3407 W. BUSCH BLVD. P.O. BOX 151529 TAMPA FL 33684-1529 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/01/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2823715 ☐ 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

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

LIVINGSTON, CLIFTON A.
501 HORATIO STREET
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name: Scott B. Meister
82 Street Address (P.O. Box Number is Not Acceptable): 6205 N. Dale Mabry Hwy.
83
84 City: Tampa, 85 FL Zip Code: 33614

11. Pursuant to the provisions of Section(s) 607.0505 and 607.1608, 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(s) 607.0505, Florida Statutes.

SIGNATURE: [signature] Scott B. Meister 3/31/95
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	PD	11 TITLE	☐ Change ☐ Addition
NAME	MEISTER, SCOTT B.	12 NAME	
STREET ADDRESS	3407 W. BUSCH BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MEISTER, CYNTHIA	22 NAME	
STREET ADDRESS	3407 W BUSCH BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is accurately transcribed 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 added above.

SIGNATURE: [signature] Scott B. Meister, President 3/31/95 (813)879-8875
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED BY CORPORATION OFFICER OR DIRECTOR — Date — Daytime Telephone #

0904781 CP