2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K44984

1. Entity Name

HENRY'S COUNTRY CORNER, INC.

Principal Place of Business	Mailing Address
13536 HIGHWAY 77 SOUTHPORT FL 32409	13536 HIGHWAY 77 SOUTHPORT FL 32409

REINSTATEMENT DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 320 Coker Road	3. Mailing Address P.O. Box 1245		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State Panama City, FL	City & State Lynn Haven	4. FEI Number 59-2924458	Applied For / Not Applicable
Zip 32409	Country USA	Zip FL	Country USA	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEWSOME, WILLIAM H. 13536 HWY. 77 SOUTHPORT FL 32409	Name William H. Newsome
	Street Address (P.O. Box Number is Not Acceptable)
	320 Coker Road
	City Panama City FL 32409

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   10/27/00 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP NAME NEWSOME, WILLIAM H. STREET ADDRESS 13536 HWY. 77 CITY-ST-ZIP PANAMA CITY FL	☐ Delete	TITLE DP NAME Newsome, William H. STREET ADDRESS 320 Coker Road CITY-ST-ZIP Panama City, FL 32409	XX ☐ Change ☐ Addition
TITLE DST NAME NEWSOME, KAREN STREET ADDRESS 13536 HWY. 77 CITY-ST-ZIP PANAMA CITY FL	☐ Delete	TITLE DST NAME Newsome, Karen STREET ADDRESS 320 Coker Road CITY-ST-ZIP Panama City, FL 32409	XX ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	200003491 1 ☐ Change ☐ Addition -12/07/00--01080--002 ****750.00 ****750.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   10/27/00 Date   Daytime Phone #

CR2E034 (5/00)