

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K85216** (5)

1. Corporation Name
COUNTRY TIME, INC.



Principal Place of Business: % WILLIAM W. CALDWELL, 744 BEACHLAND BLVD, VERO BEACH FL 32963
Mailing Address: PO BOX 4080, VERO BEACH FL 32964, US

3. Date Incorporated or Qualified: 05/03/1989
3a. Date of Last Report: 02/20/1995
4. FEI Number: 65-0121525
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 (21-24): Suite, Apt. #, etc.; City & State; Zip; Country
2a. Mailing Address (26-30): Suite, Apt. #, etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent

CALDWELL, WILLIAM W.
756 BEACHLAND BLVD
VERO BEACH FL 32963

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: _____ 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: DC | BRADSHAW, CHARLES J. 500 AZALEA LN VERO BEACH FL | 1.1 TITLE | |
| NAME: | | 1.2 NAME | |
| STREET ADDRESS: | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP: | | 1.4 CITY-ST-ZIP | |
| TITLE: DVPS | PETERS, FRED C., II 1401 S. A1A VERO BEACH FL | 2.1 TITLE | |
| NAME: | | 2.2 NAME | |
| STREET ADDRESS: | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP: | | 2.4 CITY-ST-ZIP | |
| TITLE: DP | PROCTOR, DONALD C. 2770 INDIAN RIVER BLVD. VERO BEACH FL | 3.1 TITLE | |
| NAME: | | 3.2 NAME | |
| STREET ADDRESS: | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP: | | 3.4 CITY-ST-ZIP | |
| TITLE: OT | PETERS, FERGUSON E. 1401 HW A1A VERO BCH FL | 4.1 TITLE | |
| NAME: | | 4.2 NAME | |
| STREET ADDRESS: | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP: | | 4.4 CITY-ST-ZIP | |
| TITLE: S | HOLDERMAN, BETTY M. 500 AZALEA LANE VERO BEACH FL | 5.1 TITLE | |
| NAME: | | 5.2 NAME | HOLDERMAN, ELIZABETH H. |
| STREET ADDRESS: | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP: | | 5.4 CITY-ST-ZIP | |
| TITLE: | | 6.1 TITLE | |
| NAME: | | 6.2 NAME | |
| STREET ADDRESS: | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP: | | 6.4 CITY-ST-ZIP | |

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)(k), 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: *Elizabeth H. Holderman* 1/19/96 407 231-0250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)