

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -7 AM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K90763** (9)
1. Corporation Name
LARIAT WESTERN STORE, INC.

Principal Place of Business Mailing Address
2003 HWY 19 S PERRY FL 32347 **2003 HWY 19 S PERRY FL 32347**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/25/1989	3a. Date of Last Report 05/01/1994
21	22	23	24	4. FEI Number 59-2950114	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.		22 Suite, Apt. #, etc.		5. Certificate of Status Deared <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		24 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BLUE, W.C. 2003 HWY 19 S PERRY FL 32347				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 FL		86 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 of Registered Agent assumed when none listed) _____ (Signature of Registered Agent assumed when none listed) _____ (Signature of Registered Agent assumed when none listed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUE, W.C.	2. NAME	VP Oveida Ann Blue
STREET ADDRESS	P.O. BOX 1357 N/A	3. STREET ADDRESS	2003 Hwy 19 S
CITY, ST, ZIP	PERRY FL	4. CITY, ST, ZIP	Perry, Fla 32347
TITLE	PST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUE, OVEIDA ANNE	2.2 NAME	PST Blue Oveida Ann
STREET ADDRESS	2003 HWY 19 S	2.3 STREET ADDRESS	2003 Hwy 19 S
CITY, ST, ZIP	PERRY FL	2.4 CITY, ST, ZIP	Perry, Fla
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUE, OVEIDA, ANNE	3.2 NAME	Same
STREET ADDRESS	2003 HWY 19 S	3.3 STREET ADDRESS	
CITY, ST, ZIP	PERRY FL	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Sections 110.01(2)(B) 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: *Oveida Blue* President **3/30/95** **904-584-3088**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR