

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

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



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/25/1989

4. FEI Number: 59-2950114 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 P.O. BOX 1117 PERRY, FL 32348
2a. Mailing Address: 26 P.O. BOX 1117 PERRY, FLA. 28

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: Blue, OVEIDA A 82 Street Address: P.O. Box 1117 84 City: PERRY FL 85 Zip Code: 32348

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 family, wife, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 3/15/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VP	NAME: BLUE, OVEIDA A	1.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 2003 HWY 19 S	CITY-ST-ZIP: PERRY FL	1.2 NAME:	
TITLE: PST	NAME: BLUE, OVEIDA ANNE	1.3 STREET ADDRESS:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 2003 HWY 19 S	CITY-ST-ZIP: PERRY FL	1.4 CITY-ST-ZIP:	
TITLE: D	NAME: BLUE, OVEIDA, ANNE	2.1 TITLE:	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS: 2003 HWY 19 S	CITY-ST-ZIP: PERRY FL	2.2 NAME:	
TITLE:	NAME:	2.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP:	
TITLE:	NAME:	3.1 TITLE:	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP:	

Director: Donna Marie Hindsey, Rt 21 Box 3095, Lake City, Fla 32024

14. 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 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: *[Signature]* DATE: 3/15/98

CR2E034 (10/97)