FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 JAN 17 AM 11:50

DOCUMENT # K92000 (4)

1. Corporation Name

THE COUNTRY PEDDLER OF CHARLOTTE COUNTY, INC.

Principal Place of Business	Mailing Address
1770 EL JOBEAN RD. PORT CHARLOTTE FL 33948	1770 EL JOBEAN RD. PORT CHARLOTTE FL 33948

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/30/1989	03/08/1994

4. FEI Number: 65-0125601 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Country Peddler of C.C. Inc	26 1770 EL Jobean Rd
Suite, Apt #, etc: 22 1770 EL Jobean Rd	Suite, Apt. #, etc: 27
City & State: 23 Port Charlotte, FL	City & State: 28 Port Charlotte, FL
Zip: 24 33948 Country: 25 USA	Zip: 29 33948 Country: 30 USA

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DELEPPO JOYCE M. 1770 EL JOBEAN RD PORT CHARLOTTE FL 33948	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 Joyce M. Deleppo   Joyce M. Deleppo   1-11-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	☐ Change ☐ Addition
NAME	DELEPPO, RONALD R.	1 2 NAME	
STREET ADDRESS	1770 EL JOBEAN RD	1 3 STREET ADDRESS	
CITY ST ZIP	MURDOCK FL	1 4 CITY ST ZIP	
TITLE	D	2 1 TITLE	☐ Change ☐ Addition
NAME	DELEPPO, JOYCE M.	2 2 NAME	
STREET ADDRESS	1770 EL JOBEAN RD	2 3 STREET ADDRESS	
CITY ST ZIP	MURDOCK FL	2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ 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 Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on the 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: Joyce M. Deleppo   Joyce M. Deleppo   1/11/95   813 624-0233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

0336136 CP