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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

K92000

(4)

THE COUNTRY PEDDLER OF CHARLOTTE COUNTY, INC.

Principal Place of Business	Mailing Address		
COUNTRY PEDDLER OF CC INC 1770 EL JOBEAN RD PORT CHARLOTTE FL 33948 US	1770 EL JOBEAN RD. PORT CHARLOTTE FL 33948		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/30/1989
2. Principal Place of Business	2a. Mailing Address	·	4. FEI Number Applied For
নী	26		65-0125604 Not Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country 25	29 30	untry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered Agent
DELEPPO JOYCE M.		81 Name	
1770 EL JOBEAN RD PORT CHARLOTTE FL 33948	-	82 Street Addre	ss (P.O. Box Number is Not Acceptable)
		83	
	. 4	84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607,050	2 and 607,1508, Florida Statutes, the a	bove-named corno	oration 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, and accept the obligations of Section 607.0505. Florida Statutes.

-					
SIGNATURE	Signature, typed or printed name of registered agen	t and little if applicable. (NOTE,	Registered Agent signature requi	irod when reinstating) DATE	
12.			13.		
TITLE	D	DELETE	1.1 TITLE	Change Addition	
NAME	DELEPPO, RONALD R.		1.2 NAME		
STREET ADDRESS	1770 EL JÓBEAN RD		1.3 STREET ADDRESS		
CITY - ST - ZIP	PORT CHARLOTTE FL		1.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	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	PORT CHARLOTTE FL		2. 4 CITY - ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	Change Addition	
NAME			3,2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY-ST-ZIP	<u> </u>	
TITLE		DELETE	4.1 TITLE	Change Addition	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP	<u> </u>	
TITLE		DELETE	5.1 TITLE	Change Addition	
NAME Î			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	Change Addition	
NAME			6.2 NAME		
STREET ADORESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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:

FILED

Jan 20 1998 8:00am

Secretary of State