

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90140 025 \*\*\*150.00

DOCUMENT # L82786

1. Corporation Name  
TAMMY JO'S ACCENT ON COUNTRY, INC.

Principal Place of Business  
11530 W SAMPLE RD  
CORAL SPRGS FL 33065

Mailing Address  
11530 W SAMPLE RD  
CORAL SPRGS FL 33065



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1990

4. FEI Number

65-0197791

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 910 Malaleuca Road

27 Suite, Apt. #, etc.

28 City & State

Delray Beach, FL

29 Zip Country

30 33483

9. Name and Address of Current Registered Agent

SICKLE, TAMMY, J  
11530 W. SAMPLE RD.  
CORAL SPRGS FL 33065

10. Name and Address of New Registered Agent

81 Name

TAMMY J. SICKLE

82 Street Address (P.O. Box Number is Not Acceptable)

910 Malaleuca Road

83

84 City

Delray Beach

85 FL

Zip Code

33483

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Tammy J. Sickle* 4/28/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
DPS  
SICKLE, TAMELYN  
STREET ADDRESS  
11530 W. SAMPLE RD.  
CITY-ST-ZIP  
CORAL SPRGS FL

TITLE ☐ DELETE

NAME  
DTC  
SICKLE, DENNIS  
STREET ADDRESS  
11530 W. SAMPLE RD.  
CITY-ST-ZIP  
CORAL SPRGS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
DPS  
SICKLE, TAMELYN  
1.3 STREET ADDRESS  
910 Malaleuca Road  
1.4 CITY-ST-ZIP  
Delray Beach, FL. 33483

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
DTC  
SICKLE DENNIS  
2.3 STREET ADDRESS  
910 Malaleuca Road  
2.4 CITY-ST-ZIP  
Delray Beach, FL. 33483

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Tammy J. Sickle* REQUESTED 4/28/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

279 4834

0163043

CR2E034 (11/98)