

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

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

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

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/25/1990	4. FEI Number 65-0197791	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

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 FL 85 Zip Code 33483
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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: *Tammy Sickle* DATE: 4/28/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPS	<input type="checkbox"/> DELETE	1.1 TITLE DPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SICKLE, TAMELYN		1.2 NAME SICKLE, TAMELYN	
STREET ADDRESS 11530 W. SAMPLE RD.		1.3 STREET ADDRESS 910 Malaleuca Road	
CITY-ST-ZIP CORAL SPRGS FL		1.4 CITY-ST-ZIP Delray Beach, Fl. 33483	
TITLE DTC	<input type="checkbox"/> DELETE	2.1 TITLE DTC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SICKLE, DENNIS		2.2 NAME SICKLE DENNIS	
STREET ADDRESS 11530 W. SAMPLE RD.		2.3 STREET ADDRESS 910 Malaleuca Road	
CITY-ST-ZIP CORAL SPRGS FL		2.4 CITY-ST-ZIP Delray Beach, Fl. 33483	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 Sickle* DATE: 4/28/99 DAYTIME PHONE: 279 4834

CR2E034 (1/98)