## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L91811 (4) 1. Corporation Name PILOT COUNTRY, INC.						
tincipa Place 815 MARCO E ST PETERSBU US	OR .	Mailing Address 815 MARCO DR CAYA COSTA ST PETERSBURG F	L 33702		#	
That is a fact	oe of Business	US		<ol> <li>Date Incorporated or Qualified 08/02/1990</li> </ol>	3a. Date of Las 04/14/	t Report <b>1995</b>
		2a. Mailing Address 26		4. FEI Number 59-3057565	<u> </u>	Applied For Not Applicab
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		75 Additional Se Required
Orty & State	··· · · · · · · · · · · · · · · · · ·	City & State		Election Campaign Financing     Trust Fund Contribution	□ \$5	.00 May Be
Ζφ 	Gountry <b>25</b>	Ζφ <b>29</b>	Country 30	8. This corporation has liability for i	intangible tax under	ded to Fees rs 199.032,
	<ol><li>Name and Address of Cur</li></ol>	rrent Registered Agent		10. Name and Address of New R		
NORMAN, 815 MARC ST PETER			81 Name 82 Street Add	dress (P.O. Box Number is Not Acceptabl	ole)	
Pursuant to or registered familiar with,	the provisions of Sections 607.05 Lagent, or both, in the State of Fi and accept the obligations of, Se	502 and 607.1508, Florida Stati kirida, Such change was author oction 607.0505, Florida Statut	84 City  utes, the above named corporation's boates.	oration submits this statement for the purp and of directors. I hereby accept the appo		Ziri Code s registered offi ed agent. I am
NATURE	Picking by state of professional diseases at a professional diseases at the professional disease at the professional diseases at the professional disease at the profe	oction 607,0505, Florida Statuti gen accinientaj (4.5336) AND DIRECTORS	utes, the above named corporated by the corporation's bodies.  NOTE Registered Agent signature require.	and an amount of the appoint the appoint	pose of changing it posts of changing it parties as register DATE. CERS AND DIRECT	s registered offed agent. I am
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. c. 9 March 96 813 571