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 # P93000067685 (6)

THE BACK COUNTRY, INC.

Principal Place of Business

Mailing Address

FILED
May 11 1998 8:00am
Secretary of State



2855 OCEAN DIRVE 2855 OCEAN DIRVE SUITE A-1 SUITE A-1 VERO BEACH FL 32963 DO NOT WRITE IN THIS SPACE VERO BEACH FL 32963 3. Date Incorporated or Qualified 09/24/1993 2. Principal Place of Business Applied For 2a. Mailing Address 4. FEI Number 2046 Trensure Cont Plaza 26 2046 Treasure CoastPlaza 65-0436233 21 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 25 INd Rur |29| Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DAVIS, ERIC B **7646 133RD SQUARE** 82 Street Address (P.O. Box Number is Not Acceptable) SEBRINEN FL 32958 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.050? 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agest and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 11 TITLE ☐ Change Addition DAVIS, ERIC T NAME 1.2 NAME **7646 133RD SQUARE** STREET ADDRESS 1.3 STREET ADDRESS **SEBRINEN FL 32958** CITY-ST-ZIP 1.4 Ci1Y - S1 - ZIP DELETE Change Addition TITLE 2.17(ILE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 1ITLE **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE Addition TITLE 61 THILE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP

14. Thereby 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 eath; 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.

CICHATURE. 5

Maro