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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State SUREY OF AM 9:51 1999 **DIVISION OF CORPORATIONS** DOCUMENT # P94000026707 1. Corporation Name WAY COOL COUNTRY, INC. Principal Place of Business Mailing Address 05/10/99 468 S.W. MEADOW TERRACE P.O. BOX 7185 90114 025 PORT ST. LUCIE FL 34964 PORT ST. LUCIE FL 34985-7185 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/07/1994 2. Principal Place of Business 5415 SILVER DAK DEIVE Suite, Apt 4. etc. 2a. Mailing Address 4. FEI Number Applied For 26 65-048 1832 Not Applicable Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required Election Campaign Financing \$5.00 May Be 23 FORT Trust Fund Contribution Added to Fees Country 8. This corporation owes the current year Inlangible 25 30 29 Personal Property Tax [ ]No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent JEANNE, JACQUIE 82 Street Address (P.O. Box Number is Not Acceptable) 468 C.W. MEADUW TERRACE PORT ST. LUCIE PL 34984 83 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. Thereby accept the appointment as registered agent. I am fair-jar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE **DPST** 11 TITLE [ | Change [ ] Addition NAME JEANNE, JACQUIE 1.2 NAME 468-SW-MEADOW-TERRACE STREET ACCIDENCES 1.3 STREET ADORESS CITY-S1-ZIP 14 CITY-ST-ZIP [] DELETE TITLE T ) Cha⊢ae [ ] Addition 21 THE NAME 22 NAME STREET ADDRESS 23 STREE LADORESS CITY-ST-ZIP 2 4 City-51-ZiP DELETE f | Change TIME 31 TITLE FT Addition NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 34 City-ST-ZIP TITLE DELETE [ ] Change [\_] Addition NAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 C(TY-ST-Z)P DELETE TITLE [ ] Addition 51 TITLE NAME 5.2 NAME 53 STREET ADDRESS STREET ADORESS 54 CITY-ST-ZIP CITY-ST-ZIP [] DELETE [ ] Addition TITLE [ ] Change NAME 63 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 64 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 to.

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