SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT #

P94000037332 (1)

CATFISH COUNTRY OF POLK COUNTY, INC.

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| Principal Place of Business 4828 IRONWOOD TRAIL BARTOW FL 33830 | | Mailing Address 4828 IRONWOOD TRAIL BARTOW FL 33830 | | T (OBPHERD) IND COME BY BUTTO DELIN DOUGH | NIII TÄINÄ IIIII TONAN IIIAA IIIIA IIAI 1681 |
| | | | | | |
| | | | | 3. Date Incorporated or Qualified 05/12/1994 | 3a. Date of Last Report 04/27/1995 |
| . Principal Plac | e of Business | 2a. Mailing Address | | 4, FEI Number 26-5117563 | Appfied For Not Applicable |
| l | | Suite, Apt #, etc. | | | \$8.75 Additional |
| Suite, Apt #, (| etc | 27 | | 5. Certificate of Status Desired | Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| | | 28 | | Trust Fund Contribution | Added to Fees |
| Zip | Country | Zιρ | Country | This corporation has liability for Florida Statutes | Intangible tax under s 199 037. |
| | 9. Name and Address of Cu | 29 Secretared Agent | 30 | 10. Name and Address of New Re | |
| | | rrent negistered Agent | 81 Name | | |
| | AWAY, JOHN A JR | | <u> </u> | ress (P.O. Box Number is Not Acceptal | |
| | E WALNUT STREET | | 82 Street Add | ress (P.O. Box Number is Not Acceptate | |
| LAK | ELAND FL 33801 | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| | | | 1 1 ' ' | poration submits this statement for the prior is board of directors. Thereby acception | FL |
| office or reg agent I am | familiar with, and accept the c | ingations of, section 607,0000, 11 | onda olaloida | nted whom reastating) | DATE |
| office or reg agent I am | familiar with, and accept the c | ingations of, section 607,0000, 11 | OTE: Registered Agent signature requ | iired whori reurs (aling) | |
| office or reg agent I am IGNATURE | familiar with, and accept the di ignative typed or posted transic of registers OFF ICERS | ed agent and title if applicable (NG S AND DIRECTORS | OTE: Begistured Agent signature required. | ured where reunslating) ADDITIONS/CHANGES TO OFF | ICERS AND DIRECTORS IN 12 |
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PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/96 941 646 6767