

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montanari
Secretary of State
Division of Corporations

APPROVED
AND
FILED

92 MAY -1 PM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000058018 (0)

1. Corporation Number

E & L COUNTRY, INC.

Principal Place of Business

Mailing Address

8946 BAYAUD DRIVE
TAMPA FL 33626

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TAMPA FL 33626

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

07/31/1994

4. FET Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under § 199.032,
Florida Statute

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 8946 Bayaud Dr

26 339 6th Ave W

59-3262560

22 State

27 State

23 Tampa, FL

28 Bradenton, FL

24 33626

25 USA

29 34205

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALTERS, LISA
8946 BAYAUD DRIVE
TAMPA FL 33626

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.03(2) 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 general agent and accept the obligations of Section 607.03(5), Florida Statutes.

SIGNATURE

Signature of Registered Agent (if not the same as the corporation's registered agent, sign here)

Signature of Registered Agent (if not the same as the corporation's registered agent, sign here)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12a	NAME	12b	NAME
12c	STREET ADDRESS	12d	STREET ADDRESS
12e	CITY, STATE, ZIP	12f	CITY, STATE, ZIP
12g	NAME	12h	NAME
12i	STREET ADDRESS	12j	STREET ADDRESS
12k	CITY, STATE, ZIP	12l	CITY, STATE, ZIP
12m	NAME	12n	NAME
12o	STREET ADDRESS	12p	STREET ADDRESS
12q	CITY, STATE, ZIP	12r	CITY, STATE, ZIP
12s	NAME	12t	NAME
12u	STREET ADDRESS	12v	STREET ADDRESS
12w	CITY, STATE, ZIP	12x	CITY, STATE, ZIP

13a	NAME	13b	NAME
13c	STREET ADDRESS	13d	STREET ADDRESS
13e	CITY, STATE, ZIP	13f	CITY, STATE, ZIP
13g	NAME	13h	NAME
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13m	NAME	13n	NAME
13o	STREET ADDRESS	13p	STREET ADDRESS
13q	CITY, STATE, ZIP	13r	CITY, STATE, ZIP
13s	NAME	13t	NAME
13u	STREET ADDRESS	13v	STREET ADDRESS
13w	CITY, STATE, ZIP	13x	CITY, STATE, ZIP

14. I, the undersigned, certify that the information supplied sets forth the true and correct names and addresses of all officers and directors of the corporation and that the corporation is duly organized and qualified to do business in the State of Florida. I am general agent and accept the obligations of Section 607.03(5), Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an after report, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95 920-22881