FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:10

DOCUMENT # **P94000058733 (4)**

1. Corporation Name
D'S COUNTRY STORE, INC.

Principal Place of Business	Mailing Address
1533 NW AVENUE "L" BELLE GLADE FL 33430	1533 NW AVENUE "L" BELLE GLADE FL 33430

-- DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
08/08/1994	N/A

2. Principal Place of Business	2a. Mailing Address	FEI Number	
21 335 N. Devils Garden Rd	26 ~~1533 NW Ave L~~ 335 N. Devils Garden Rd	65-0535479	Applied For ☐ Not Applicable ☐
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Clewiston, FL	City & State 28 ~~Belle Glade~~ Clewiston, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 33440 / 25 ~~USA~~	Zip / Country 29 33440 / 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALSTON, CALVIN D ~~1533 NW AVENUE "L"~~ 1324 S Main St. BELLE GLADE FL 33430	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 607.0502 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Calvin D. Alston — CALVIN D. ALSTON (NOTE: Registered Agent signature required when reinstating) — 1-12-1995 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	President, D	☐ Change ☑ Addition
NAME	ALSTON, CALVIN D	12 NAME	H.E. Hill	
STREET ADDRESS	1533 NW AVENUE "L"	13 STREET ADDRESS	1533 NW Ave L	
CITY-ST-ZIP	BELLE GLADE FL 33430	14 CITY-ST-ZIP	Belle Glade, FL. 33430	
TITLE	~~P,D,S,T~~	21 TITLE	V. P., D	☐ Change ☑ Addition
NAME	~~[illegible]~~	22 NAME	Louis Alvarez	
STREET ADDRESS		23 STREET ADDRESS	335 N Devils Garden Rd	
CITY-ST-ZIP		24 CITY-ST-ZIP	Clewiston, FL. 33440	
TITLE		31 TITLE	~~V.P.~~	☐ Change ☑ Addition
NAME		32 NAME	~~[illegible]~~	
STREET ADDRESS		33 STREET ADDRESS	~~[illegible]~~	
CITY-ST-ZIP		34 CITY-ST-ZIP	~~[illegible]~~	
TITLE		41 TITLE	VP, D	☒ Change ☐ Addition
NAME		42 NAME	Calvin D. Alston	
STREET ADDRESS		43 STREET ADDRESS	1533 NW Ave L	
CITY-ST-ZIP		44 CITY-ST-ZIP	Belle Glade, FL. 33430	
TITLE		51 TITLE	Sec	☐ Change ☑ Addition
NAME		52 NAME	Mona L. Miller	
STREET ADDRESS		53 STREET ADDRESS	335 N Devils Garden Rd	
CITY-ST-ZIP		54 CITY-ST-ZIP	Clewiston, FL. 33440	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 X in Block 13.

SIGNATURE: Calvin D. Alston — 1-12-95 — 407-996-1524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000037 CP