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FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000058733 (4)

1. Corporation Name

D'S COUNTRY STORE, INC.



Principal Place of Business

Mailing Address

335 N DEVILS GARDEN RD
CLEWISTON FL 33440
US

335 N DEVILS GARDEN RD
CLEWISTON FL 33440-9202
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

3. Date incorporated or Qualified
08/08/1994

3a. Date of Last Report
04/18/1996

4. FEI Number

65-0535479

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 s. 199.032,
Florida Statutes

Yes No

ALSTON, CALVIN D
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

Signature of person named in registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD
NAME ALSTON, CALVIN D
STREET ADDRESS 1533 NW AVENUE "L"
CITY-STATE-ZIP BELLE GLADE FL
TITLE PD
NAME HILL, H E
STREET ADDRESS 1533 NW AVE L
CITY-STATE-ZIP BELLE GLADE FL
TITLE VPD
NAME ALVAREZ, LOUIS
STREET ADDRESS 335 N DEVILS GARDEN RD
CITY-STATE-ZIP CLEWISTON FL
TITLE S
NAME MILLER, MONA L
STREET ADDRESS 335 N DEVILS GARDEN RD
CITY-STATE-ZIP CLEWISTON FL
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

1.1 TITLE VPSD
1.2 NAME Alston, Calvin D.
1.3 STREET ADDRESS 1324 S. Main Street
1.4 CITY-STATE-ZIP Belle Glade, FL. 33430
2.1 TITLE PD
2.2 NAME Hill, H.E.
2.3 STREET ADDRESS 1324 S. Main Street
2.4 CITY-STATE-ZIP Belle Glade, FL. 33430
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do 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 named, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CALVIN D. ALSTON

5/18/97

561-996-4524

CR2E034 (9/9)