

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

**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: **335 N DEVILS GARDEN RD CLEWISTON FL 33440 US**  
 Mailing Address: **335 N DEVILS GARDEN RD CLEWISTON FL 33440-9202 US**

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

2. Principal Place of Business: **21** Sub: Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**  
 2a. Mailing Address: **26** Sub: Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

**9. Name and Address of Current Registered Agent**

**ALSTON, CALVIN D  
 1324 S MAIN ST  
 BELLE GLADE FL 33430**

**10. Name and Address of New Registered Agent**

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	VPSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALSTON, CALVIN D	1.2 NAME	Alston, Calvin D.
STREET ADDRESS	1533 NW AVENUE "L"	1.3 STREET ADDRESS	1324 S. Main Street
CITY-STATE-ZIP	BELLE GLADE FL	1.4 CITY-STATE-ZIP	Belle Glade, FL. 33430
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, H E	2.2 NAME	Hill, H.E.
STREET ADDRESS	1533 NW AVE L	2.3 STREET ADDRESS	1324 S. Main Street
CITY-STATE-ZIP	BELLE GLADE FL	2.4 CITY-STATE-ZIP	Belle Glade, FL. 33430
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, LOUIS	3.2 NAME	
STREET ADDRESS	335 N DEVILS GARDEN RD	3.3 STREET ADDRESS	
CITY-STATE-ZIP	CLEWISTON FL	3.4 CITY-STATE-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MONA L	4.2 NAME	
STREET ADDRESS	335 N DEVILS GARDEN RD <i>Delete</i>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	CLEWISTON FL	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		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 changed, or in an attachment with an address.

SIGNATURE: *Calvin D. Alston* **CALVIN D. ALSTON** **5/18/97** **561-996-4524**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/9)