

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

FILED

May 29 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 # P94000062002 (8)

1. Corporation Name

THE COUNTRY CABOOSE, INC.

Principal Place of Business

7020 PERRINE RANCH RD.
NEW PORT RICHEY FL 34653

Mailing Address

7020 PERRINE RANCH RD.
NEW PORT RICHEY FL 34653

3. Date Incorporated or Qualified

08/16/1994

3a. Date of Last Report

08/08/1996

2. Principal Place of Business

21 2428 SEVEN SPRINGS BLVD
Suite, Apt. #, etc.

2a. Mailing Address

26 2428 SEVEN SPRINGS BLVD
Suite, Apt. #, etc.

4. FEI Number

59-3260530

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

22 City & State

23 NEW PORT RICHEY FL

24 34655

25 USA

27 City & State

28 NEW PORT RICHEY FL

29 34655

30 USA

9. Name and Address of Current Registered Agent

MICHALICKA, DAVID
7020 PERRINE RANCH RD.
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name

VIRGINIA COCKERILL

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

7910 ROYAL HART DR

83

84

NEW PORT RICHEY FL

85 Zip Code

34653

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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when retreating)

3-5-97

12. OFFICERS AND DIRECTORS

TITLE VD ☒ DELETE

NAME MICHALICKA, DAVID
STREET ADDRESS 4397 CRAFTSBURY DR.
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE POST ☐ DELETE

NAME COCKERILL, VIRGINIA
STREET ADDRESS 7910 ROYAL HART DR
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100002205861

-06/09/97--01101--014

***165.00

PE
5-29

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 on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

3-5-97

CR2E034 (9/96)