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

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P95000013059 (7) DOCUMENT #

CLIFTONS' COUNTRY ENTERPRISES, INC.

## **FILED** Feb 04 1998 8:00am Secretary of State



					<u> </u>		
Principal Place of Business Mailing Address  RR 1 BOX 391 RR 1 BOX 391  BRANFORD FL 32008 BRANFORD FL 32008							
DRAINFORD F	1. 3200	DRANFURU FL 32000	BRANFORD FL 32008		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	111100.1.02	
					02/06/1995		
	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			59-3288429	N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
22		27	<u> </u>		5. Certificate of Status Desired	Fee R	equired
City & State		— <u> </u>	City & State		6, Election Campaign Financing		May Be
23		28		Trust Fund Contribution	LJ Added	to Fees	
Zip	<u></u>		_	Country 8, This corporation owes or has paid the current year Intangible			
24	25 a. Name and Address of Curr	29 ant Registered Agent	30		Personal Property Tax due June 3  10. Name and Address of New Regi		_] No
CI	IFTON, ROGER	ent neglisteren Agent	8	Name	10. Name and Address of New Regi	stelen Wallt	
	1., BOX 391						
	ANFORD FL 32008		8:	Street Add	Address (P.O. Box Number is Not Acceptable)		
			8:	9	** · · · · · · · · · · · · · · · · · ·		
			8-	City		FL B5 Zip	Code
44 Pursuant	to the provisions of Sections 607.0	502 and 607 1508. Florida Statut	es the abo	le-named cor	poration submits this statement for the pur		te registered
office or r agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the ob-	ile of Florida. Such charige was a igations of, Section 607.0505, Flo	authorized borida Statute	y the corpora	ation's board of directors. I hereby accept	the appointment as	registered
SIGNATURE	District of the second of the				· · · · · · · · · · · · · · · · · · ·	·	
12.	Signature, typed or printed name of registered a OFFICERS A	ND DIRECTORS	13.	gont signature requ	aired when reinstaling)  ADDITIONS/CHANGES TO OFFICE	DATE DIRECTOR	2C IN 12
TITLE	P	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	Change	Addition
NAME	CLIFTON, ROGER		1.2 NAME				
STREET ADDRESS	RR 1., BOX 391			T ADDRESS	•		
CITY-ST-ZIP	BRANFORD FL 32008		1.4 CITY-				
TITLE	VP —	DELETE	2.1 TITLE	<u> </u>		☐ Change	Addition
NAME	CUFTON, RUTH A		2.2 NAME			*=	
STREET ADDRESS	RR 1., BOX 391			T ADDRESS			
CITY-ST-ZIP	Branford FL 32008		2. 4 CITY	S1-ZIP			
TITLE		DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY	ST-ZIP			
TITLE		DELETE	41 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAMI				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE	-	☐ D€LETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME		,		
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY -	ST - ZIP			
TITLE		☐ DELETE	6.1 TITL€			Change	Addition
NAME			6.2 NAME	1			
STREET ADDRESS			6.3 STREE	1 ADDRESS			
CITY-ST-ZIP			6.4 CITY -	ST-ZIP			]

14. Thereby 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 op an attachment with an address.