

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

pg 1 of 2

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PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED

98 OCT -9 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P96000103570 (3)
1. Corporation Name
MUNSON COUNTRY CORNERS INC.

Principal Place of Business
3301 GENE FLEMING RD.
MILTON FL 32570

Mailing Address
3301 GENE FLEMING RD.
MILTON FL 32570

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified
12/20/1996

4. FEI Number
59-3418528

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
JOHNSON, CECIL R
3301 GENE FLEMING RD.
MILTON FL 32570

10. Name and Address of New Registered Agent

81 Name
James, Gloria M.

82 Street Address (P.O. Box Number is Not Acceptable)
3301 Gene Fleming Rd.

83

84 City
Milton

85 Zip Code
FL 32570

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 *Gloria M. James* 9-25-98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CECIL R	1.2 NAME	
STREET ADDRESS	3301 GENE FLEMING RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32570	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, GLORIA M	2.2 NAME	
STREET ADDRESS	3301 GENE FLEMING RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32570	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, changed, or on an attachment with an address.

SIGNATURE: *Gloria M. James* 9-25-98-850-957-4047

CR2E034 (5/98)

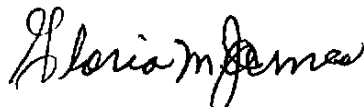
P92

3:34 PM 9/25/98

TO WHOM IT MAY CONCERN:

MY FATHER, CECIL R. JOHNSON, DIED LEAVING ME, HIS DAUGHTER, HIS ESTATE. THE ESTATE, WHICH CONSISTED OF MUNSON COUNTRY CORNERS, INC.; SOUNDOWNERS RIDING STABLES, INC.; A FARM; RENTALS; AND ALL THESE ENTAIL IS STILL IN PROBATE. I WAS PREVIOUSLY A CLERK IN HIS STORE. HE WAS A CPA. HIS DEATH WAS SUDDEN, AND THEREFORE HE TAUGHT ME NOTHING ABOUT THE BUSINESSES. I DISCOVERED, DUE TO HIS ILLNESS, HE WAS FOUR MONTHS BEHIND IN FEDERAL AND STATE FILINGS, AS WELL AS PAYING BILLS. BEFORE I COULD UNDERSTAND HOW TO DO ALL THIS PAPERWORK, THE STORE WAS ROBBED OF MONEY AND MERCHANDISE TWICE IN ONE WEEK. I THEN DISCOVERED WE HAD NO INSURANCE AGAINST THEFT. BEFORE THE INSURANCE WENT INTO EFFECT, I WAS ROBBED PERSONALLY, LEAVING THE STORE. I HAD A WHOLE WEEKS WORTH OF RECEIPTS AND MANY PERSONAL PAPERS THE LAWYERS NEEDED ON ME. I HAVE NOT RECOVERED FROM THIS LOSS YET. HOWEVER, I KNOW I DO NOT UNDERSTAND EVERYTHING I NEED TO FILE. I AM SORRY THIS WAS NOT PAID ON TIME. I AM TRYING TO CATCH EVERYTHING UP, AND WILL BE SURE THIS IS PAID ON TIME NEXT YEAR.

YOURS,



GLORIA M. JAMES