

FILE NOW: FILING FEE AFTER MAY 1ST IS \$30.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 97 000008990

1. Corporation Name

Town-N-Country Corner Store Inc.

Principal Place of Business

Mailing Address

2616 CRAWFORDVILLE HWY P.O. Box 398
CRAWFORDVILLE FLA. 32826

2. Principal Place of Business

2a. Mailing Address

21 2616 CRAWFORDVILLE HWY 26 P.O. Box 398
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

City & State

23 CRAWFORDVILLE FLA. 28 CRAWFORDVILLE FLA.

Zip

Country

Zip

Country

24 32827 25 USA 29 32826 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Ron D. Scott
65 Kennel Lane
Crawfordville Fla. 32827

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, typed or printed name of 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 ☐ DELETE
NAME Ron D. Scott
STREET ADDRESS
CITY-ST-ZIP 65 KENNEL LANE (Crawfordville Fla. 32827)
TITLE ☐ DELETE
NAME V. PRES. SECRETARY
STREET ADDRESS G. G. Scott
CITY-ST-ZIP 65 Kennel Lane, Crawfordville Fla. 32827
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

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

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09/09/99 01002-014

***150.00 ***150.00

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

9/7/99

Division of Corp.

Dear Sir. Town-N-Country Corner Store Inc,
due to a mail problem beyond our control
we have not received our Corp filing papers
for 1999. Enclosed is a check for \$150.00 for
such refiling.

Thank you.

Wm. F. Scott