

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).

0001957

PROFIT CORPORATION ANNUAL REPORT 1998 *09*

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

FILED

99 JAN -4 PM 3: 02

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DOCUMENT # P97000103293 (1)  
 1. Corporation Name  
 W & G COUNTRY CABIN, INC.

Principal Place of Business: 950 BLANDING BLVD. ORANGE PARK FL 32065  
 Mailing Address: 950 BLANDING BLVD. ORANGE PARK FL 32065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1997

4. FEI Number: 59-3507764 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

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 950-12 Blanding Blvd  
 27 Suite, Apt. #, etc.  
 28 Orange Park FL  
 29 Zip 32065  
 30 Country Clay

9. Name and Address of Current Registered Agent  
 WHITE, LINDA R  
 950 BLANDING BLVD.  
 ORANGE PARK FL 32065

10. Name and Address of New Registered Agent  
 81 Name: Norma M. Lunch  
 82 Street Address (P.O. Box Number is Not Acceptable): 1855 Cisco Garden Rd E  
 83  
 84 City: JAY FL 85 Zip Code: 32219

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: *Loraine Old Hays* DATE: 7/98

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GRAHAM, EARL E	
STREET ADDRESS	950 BLANDING BLVD.	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	DVST	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, LINDA R	
STREET ADDRESS	950 BLANDING BLVD.	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.2 NAME	DP Sasser, Rebecca	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.3 STREET ADDRESS	950-12 Blanding Blvd	
1.4 CITY-ST-ZIP	ORANGE PARK FL 32065	
2.1 TITLE	DPST	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Lunch, Norma	
2.3 STREET ADDRESS	950-12 Blanding Blvd	
2.4 CITY-ST-ZIP	ORANGE PARK, FL 32065	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

REINSTATEMENT

600002735886-4  
 -01/11/99-01009-025  
 \*\*\*\*150.00 \*\*\*\*150.00

600002735886-4  
 -01/11/99-01009-026  
 \*\*\*\*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)(f), Florida Statutes, and 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: *Loraine Old Hays* DATE: 7/98  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 904-272-4453 Daytime Phone #

CR2E034 (5/98)