

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90099 017 ***150.00

0118722

DOCUMENT # P98000032538

1. Corporation Name

THE COUNTRY STORE OF ORANGE COUNTY, INC.

Principal Place of Business

575 S. WICKHAM ROAD
SUITE E
MELBOURNE FL 32904

Mailing Address

575 S. WICKHAM ROAD
SUITE E
MELBOURNE FL 32904

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1998

4. FEI Number

59-3506599

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 the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

WEST MELBOURNE

Zip

Country

24

25

2a. Mailing Address

Suite, Apt. #, etc.

City & State

WEST MELBOURNE

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DETTMER, DALE A
780 S. APPOLLO BLVD.
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name

COY A CLARK

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

575 S. WICKHAM ROAD

83

SUITE E

84 City

WEST MELBOURNE

FL

85 Zip Code

32904

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

COY A CLARK PRESIDENT 4/8/99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

D

NAME

CLARK, COY A

STREET ADDRESS

575 S. WICKHAM ROAD SUITE E

CITY-ST-ZIP

MELBOURNE FL 32904

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

1.1 TITLE

PST

1.2 NAME

COY A CLARK

1.3 STREET ADDRESS

575 S. WICKHAM ROAD, SUITE E

1.4 CITY-ST-ZIP

WEST MELBOURNE FL 32904

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 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

COY A CLARK PRESIDENT

4/8/99

407.723.9888

Date

Daytime Phone #

CR2E034 (11/98)