FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # V05415 (7)

1. Corporation Name
COUNTRY COLLECTION ANTIQUES & GIFTS, INC.

Principal Place of Business	Mailing Address
1500 APALACHEE PKWY GOVERNOR'S SQUARE TALLAHASSEE FL 32301 US	1500 APALACHEE PKWY GOVERNOR'S SQUARE TALLAHASSEE FL 32301 US

2. Principal Place of Business 21 ____ Suite, Apt. #, etc. 22 ____ City & State 23 ____ Zip 24 ____ Country 25 ____

2a. Mailing Address 26 ____ Suite, Apt. #, etc. 27 ____ City & State 28 ____ Zip 29 ____ Country 30 ____

3. Date Incorporated or Qualified: 01/09/1992
3a. Date of Last Report: 02/16/1995
4. FEI Number: 59-3102258 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SISARIO, JOAN M.
2096 PLANTATION FOREST DR.
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

81 Name: SISARIO JOAN M.
82 Street Address (P.O. Box Number is Not Acceptable): 1105 BRAFFORTON DRIVE
83
84 City: TALLAHASSEE FL 85 Zip Code: 32311

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 ____ DATE ____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	SISARIO, JOAN M.	
STREET ADDRESS	2096 PLANTATION FOREST DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	V	☐ DELETE
NAME	SISARIO, MICHELE	
STREET ADDRESS	2072 PLANTATION FOREST DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☐ Change ☐ Addition
1.2 NAME	SISARIO JOAN M	
1.3 STREET ADDRESS	1105 BRAFFORTON DRIVE	
1.4 CITY-ST-ZIP	TALLAHASSEE Fl 32311	
2.1 TITLE	V	☐ Change ☐ Addition
2.2 NAME	SISARIO MICHELE	
2.3 STREET ADDRESS	2213 GREENWICH WAY	
2.4 CITY-ST-ZIP	TALLAHASSEE Fl 32308	
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		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Joan M Sisario JOAN M SISARIO 4-16-96 904-877-0390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)