FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 27 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V20928 (0)

1. Corporation Name
JACKSONVILLE'S COUNTRY CABIN, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1921 LANE AV S SUITE 100 JACKSONVILLE FL 32210 US	1921 LANE AVE. S. JACKSONVILLE FL 32210

3. Date Incorporated or Qualified: 03/12/1992
3a. Date of Last Report: 09/08/1994

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) Country (25) / Zip (29) Country (30)

4. FEI Number: 59-3113466 ☐ 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

CAVINESS, JAMES C
449 RENNE DR. N.
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

81 Name: ARTHUR J. PERCIVAL
82 Street Address (P.O. Box Number is Not Acceptable): 489 STARRATT RD # 106
83: Jacksonville, Florida
84 City: FL 85 Zip Code: 32218

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] 1/20/95
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	P	1.1 TITLE	SECT- TREAS	☑ Change ☐ Addition
NAME	CAVINESS, JAMES S	1.2 NAME	WOODWARD	
STREET ADDRESS	449 RENNE DR. N	1.3 STREET ADDRESS	11437 PRINCESS A LN	
CITY-ST-ZIP	JACKSONVILLE FL 32218	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	ST	2.1 TITLE		☐ Change ☐ Addition
NAME	MOONEY, JOYCE	2.2 NAME	EDWARD SASSER	
STREET ADDRESS	449 RENNE DR. N.	2.3 STREET ADDRESS	10817 NAPLES CT	V.P.
CITY-ST-ZIP	JACKSONVILLE FL 32218	2.4 CITY-ST-ZIP	JAX, FLA 32218	
TITLE	V	3.1 TITLE	PRECIDENT	☑ Change ☐ Addition
NAME	PERCIVAL, ARTHUR J	3.2 NAME	PERCIVAL, ARTHUR J.	
STREET ADDRESS	11325 N MAIN ST. #41	3.3 STREET ADDRESS	489 STARRATT RD # 106	
CITY-ST-ZIP	JACKSONVILLE FL 32218	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32218	
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	SASSER, EDWARD	4.2 NAME	CAVINESS JAMES S	Delete
STREET ADDRESS	10817 NAPLES CT.	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32218	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME	MOONEY, JOYCE	Delete
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: [signature] 1/18/95 751-0464
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER
ARTHUR J. PERCIVAL
Date Daytime Phone #
751-0464

0018736 CP