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FILED

Jan 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 216886

(2)

1. Corporation Name

TOWN 'N COUNTRY PARK, INC.

Principal Place of Business

3550 BUSCHWOOD PARK DRIVE  
SUITE 145  
TAMPA FL 33618-4435  
US

Mailing Address

3550 BUSCHWOOD PARK DRIVE  
SUITE 145  
TAMPA FL 33618-4435  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1958

4. FEI Number

59-0857497

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation ~~owner~~ has paid the current year Intangible  
Personal Property Tax due June 30, 97 ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 611 W BAY STREET

25 611 W BAY STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 TAMPA, FL

28 TAMPA, FL

Zip 33606-2703

Country USA

Zip 33606-2703

Country USA

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHIMBERG, JAMES H  
8550 W. BUSCH BLVD. STE #145  
TAMPA FL 33618

81 Name

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

611 W BAY STREET

83

84 City TAMPA

FL

85 Zip Code 33606

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

TITLE SD ☐ DELETE

NAME SHIMBERG, AMY G  
STREET ADDRESS 10102 WHITE TROUT LANE  
CITY-ST-ZIP TAMPA FL

TITLE PD ☐ DELETE

NAME SHIMBERG, JAMES H  
STREET ADDRESS 10102 WHITE TROUT LANE  
CITY-ST-ZIP TAMPA, FL 00000

TITLE D ☐ DELETE

NAME SHIMBERG, AMY G  
STREET ADDRESS 10102 WHITE TROUT LANE  
CITY-ST-ZIP TAMPA, FL 00000

TITLE VD ☐ DELETE

NAME DE ALEJO, ALBERTO A  
STREET ADDRESS 10111 WOODSONG WAY  
CITY-ST-ZIP TAMPA, FL 00000

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 ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

33618-4310

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

33618-4310

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

33618-4310

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

33618-4213

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 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.

SIGNATURE:

*Sandra B. Mortham*

01-08-97

(813) 254-7567  
X 230.

CR2E034 (10/97)