

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 # **G00068** (8)

1. Corporation Name

**COUNTRYSIDE MANAGEMENT CONSULTANTS AND INVESTMENT
TS, INC.**



Principal Place of Business

**801 DOUGLAS AVENUE
200
ALTAMONTE SPRINGS FL 32714
US**

Mailing Address

**801 DOUGLAS AVENUE
200
ALTAMONTE SPRINGS FL 32714
US**

3. Date Incorporated or Qualified
09/09/1982

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

21 100 East Sybella Avenue

Suite, Apt. #, etc.

22 Suite 225

City & State

23 Maitland, Florida

Zip

24 32751

Country

2a. Mailing Address

26 100 East Sybella Avenue

Suite, Apt. #, etc.

27 Suite 225

City & State

28 Maitland, Florida

Zip

29 32751

Country

30

4. FEI Number
59-2218955

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

**HAGLE, MARC L.
801 DOUGLAS AVENUE
SUITE 200
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81 Name

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

100 East Sybella Avenue

83 Suite 225

84 City

Maitland

FL

85 Zip Code

32751

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.

Marc L. Hagle Pres

4/25/96

SIGNATURE

Signature typed in block 12 or 13, as applicable, and in block 14, as applicable.

NOTE: Registered Agent signature required when new filing.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PVD
NAME
HAGLE, MARC L.
STREET ADDRESS
801 DOUGLAS AVENUE, SUITE 200
CITY-ST-ZIP
ALTAMONTE SPRINGS FL**

TITLE ☒ DELETE

**S
NAME
BERGER, JANE
STREET ADDRESS
801 DOUGLAS AVENUE, SUITE 200
CITY-ST-ZIP
ALTAMONTE SPRINGS FL**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

**100 East Sybella Avenue, Suite 225
Maitland, Florida 32751**

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**S
Nita Sewell
100 East Sybella Avenue, Suite 225
Maitland, Florida 32751**

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

Marc L. Hagle

Pres

4/25/96

(407) 629-2040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)