

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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90028 034 \*\*\*158.75

1/2/99

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # J05519

1. Corporation Name  
**CARDINAL ENTERPRISES OF COUNTRYSIDE, INC.**

Principal Place of Business  
 24119 U.S. HWY. 19 NORTH  
 CLEARWATER FL 34623

Mailing Address  
 24119 U.S. HWY. 19 NORTH  
 CLEARWATER FL 33763  
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/24/1986**

4. FEI Number  
**59-2761625**

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

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

9. Name and Address of Current Registered Agent

**SHEEHAN, E. PATRICK**  
 24119 U.S. HWY 19 NORTH  
 CLEARWATER FL 34623

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code  
**FL 33763**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHEEHAN, PATRICK E.	
STREET ADDRESS	24119 U.S. HWY 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	SHEEHAN, BARBARA A.	
STREET ADDRESS	24119 U.S. HWY 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHEEHAN, DENNIS M.	
STREET ADDRESS	24119 U.S. HWY 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHEEHAN, DANIEL E.	
STREET ADDRESS	24119 U.S. HWY 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHEEHAN, DERRIN J	
STREET ADDRESS	24119 U.S. HWY 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address, with all other like empowered.

SIGNATURE: E. Patrick Sheehan **E. PATRICK SHEEHAN** 3-10-1999 727 796 0292  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)