

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **511892** (2)

1. Corporation Name
COUNTRY ACRES, INC.



Principal Place of Business Mailing Address
412 N.E. 16TH AVE., SUITE 45 GAINESVILLE FL 32601

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

3. Date Incorporated or Qualified **09/07/1976** 3a. Date of Last Report **02/09/1995**
4. FEI Number **59-2356770** 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. 193.032, Florida Statutes Yes No

g. Name and Address of Current Registered Agent

**JEAN, JIM
412 NE 16TH AVE.
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 NAME: PST JEAN, JIM <input type="checkbox"/> DELETE	13.1 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS: 412 NE 16 AVE., #45 GAINESVILLE FL	13.2 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 CITY-STATE-ZIP: V <input type="checkbox"/> DELETE	13.3 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME: JEAN, CAROLE G. <input type="checkbox"/> DELETE	13.4 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 STREET ADDRESS: 412 NE 16 AVE., #45 GAINESVILLE FL	13.5 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 CITY-STATE-ZIP: <input type="checkbox"/> DELETE	13.6 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME: <input type="checkbox"/> DELETE	13.7 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.8 STREET ADDRESS: <input type="checkbox"/> DELETE	13.8 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 CITY-STATE-ZIP: <input type="checkbox"/> DELETE	13.9 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME: <input type="checkbox"/> DELETE	13.10 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 STREET ADDRESS: <input type="checkbox"/> DELETE	13.11 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.12 CITY-STATE-ZIP: <input type="checkbox"/> DELETE	13.12 CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> 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 trustee 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 attached block with an address.

SIGNATURE: *Jim Jean*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-96 352/3725326

CR2E034 (12/95)