

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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90008 021 *****8.75
 03-17-1999 90008 022 ***150.00



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

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # 511892

1. Corporation Name
COUNTRY ACRES, INC.

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/07/1976

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. 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 607.0502 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | PST <input type="checkbox"/> DELETE | 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JEAN, JIM | 2 NAME | |
| STREET ADDRESS | 412 NE 16 AVE., #45 | 3 STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE FL | 4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 2 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JEAN, CAROLE G. | 2 2 NAME | |
| STREET ADDRESS | 412 NE 16 AVE., #45 | 2 3 STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE FL | 2 4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3 2 NAME | |
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| NAME | | 4 2 NAME | |
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| CITY-ST-ZIP | | 4 4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | 5 4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6 2 NAME | |
| STREET ADDRESS | | 6 3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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, with all other like empowered

SIGNATURE: _____ Date: **Jim Jean 1-27-99** Daytime Phone #: **352 3725326**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)