

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **678809** (5)

1. Corporation Name
COUNTRY WOODS, INC.



Principal Place of Business: **8663 S. W. 190TH AVENUE ROAD DUNNELLON FL 32630**
Mailing Address: **8663 S. W. 190TH AVENUE ROAD DUNNELLON FL 32630**

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

3. Date Incorporated or Qualified: **07/17/1980** 3a. Date of Last Report: **01/24/1995**
4. FEI Number: **59-2119751** 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. 190.032, Florida Statutes: Yes No
10. Name and Address of ~~Former~~ **New** Registered Agent

9. Name and Address of Current Registered Agent

**RUSH, AMY J.
ROUTE 1, BOX 548
DUNNELLON FL 32630**

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 607.050(1) 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 607.050(5), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	MILLER, JOANE H.	
STREET ADDRESS	17400 GULF BLVD. STE 801	
CITY, ST, ZIP	N. REDINGTON BCH., F	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	RUSH, AMY J.	
STREET ADDRESS	8663 SW 190TH AVE RD	
CITY, ST, ZIP	DUNNELLON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied herein is true and correct and that I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document, or on an attached sheet with the same effect.

SIGNATURE: *Amy J. Rush* **Vice Pres.** 5-4-10-96 352/489-4689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)