

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

CORPORATION
ANNUAL REPORT

1995 4/29/95



FLORIDA DEPARTMENT OF STATE

Shirley B. Matheson

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004051 (9)

1. Corporation Name

HOOKS COUNTRYSIDE, INC.

Principal Place of Business

Mailing Address

P. O. BOX 600
NEWBERRY FL 32669

P. O. BOX 600
NEWBERRY FL 32669

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1993

3a. Date of Last Report

08/17/1994

4. FEI Number

59-6022247

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOOKS, MARIANNE
RT. 2 BOX 202
NEWBERRY FL 32669

01 Name

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

03

04 City

FL

05 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

(Signature typewritten printed name of registered agent and the corporation)

(Signature typewritten printed name of registered agent and the corporation)

(Signature typewritten printed name of registered agent and the corporation)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD
NAME	HOOKS, MARIANNE
STREET ADDRESS	RT. 2 BOX 202
CITY, ST, ZIP	NEWBERRY FL 32669
TITLE	VD
NAME	HOOKS, JAMES
STREET ADDRESS	RT. 2 BOX 202
CITY, ST, ZIP	NEWBERRY FL 32669
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	5502 SW 234th Street
14 CITY, ST, ZIP	
21 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	5502 SW 234th Street
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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)(b), 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:

(Signature typewritten printed name of signing officer or director)

MARIANNE HOOKS

April 26, 1995

904-472-3117