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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # H43330

(0)

COUNTY INVESTMENT CORPORATION

Principal Place of Business Mailing Address					1 1401011 1111	BIGOR IJION 1818D IIIII BOR	AINN BLEIN BIBIL BIBIK BIN	II D(BH HOD)
HWY 77-A (SOUTHPORT, FL 32409) P.O. BOX 345 LYNN HAYEN FL 32444		HWY 77-A (SOUTHPORT, FL 32409) P.O. BOX 345 LYNN HAVEN FL 32444-0345						
						orated or Qualified	3a. Date of Last	Report
	**************************************		· · · · · · · · · · · · · · · · · · ·		02/19/198	35	<u> 01/31/1996</u>	· · · · · · · · · · · · · · · · · · ·
 1	ace of Business	2a. Mailing Address			4. FEI Number			pplied For
21	# olo	Suite, Apt. #, etc.			59-2491	458	······································	lot Applicable
Surte, Apt. #, etc.		<u> </u>			5. Certificate of	5. Certificate of Status Desired \$8.75 Additional Fee Regulred		
City & State		City & State		& Flection Con	6. Election Campaign Financing \$5.00 May Be			
23	•	28			Trust Fund (, -		to Fees
7 ₁ p	Country	Zip	Countr	у			ntangible tax under	
24	25	29	30		Florida Statu	٠	Yes No	
	9. Name and Address of Curren	t Registered Agent			10. Name and	Address of New Re	gistered Agent	
HUT	ito, bill r.		81	Name				
101 E. TWENTY-THIRD STREET			82	82 Street Address (P.O. Box Number is Not Acceptable)				
PAN	IAMA CITY FL 32401			ļ	·		· · · · · · · · · · · · · · · · · · ·	
			83					
			84	City			85 Zip	Code
				1			FL °	
11. Pursuant i office or re	to the provisions of Sections 607.050: egislered agent, or both, in the State m familia with, and accept the oblige	2 and 607,1508, Florida Statutes of Florida. Such change was at	s, the abov uthorized b	re-named v the corr	corporation submits this poration's board of direct	s statement for the p ctors. I hereby accer	ourpose of changing of the appointment a	its registered s realstered
agent. La	m tambia with, and accept the poliga	ations of Section 607.0505, Flor	ida Statute	ś.)	•	7=1		·
SIGNATURE	addies Le	1011		Ζ	required when reinstating)	1	DATE	
12.	Signature, typed or printed name of regist≥red rigg OFFICERS AN		13.	ent signature		CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	D	DELETE	1.1 TITLE			3	☐ Change	Addition
NAME	PAGE, ERVIN CORNELIOUS		1.2 NAME					
STREET ADDRESS	HIGHWAY 77A		1.3 STREE	r address				
CITY-ST-ZIP	LYNN HAVEN FL		1.4 CITY-					
TITLE	D	DELETE	2.1 TITLE				☐ Change	Addition
NAME	ellis, lyn n nixon		2.2 NAME					
STREET AUDRESS	HIGHWAY 77A		2.3 STREET ADDRESS					
ExTY-ST-ZIP	SOUTHPORT FL		2.4 CITY-ST-ZIP					
TITLE	0.0		3.1 TITLE				Change	
NAME	1100001 0001100 111, 011		3.2 NAME		4	•		
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		3.3 STREE	T ADDRESS				
CITY-S1-ZIP			3.4. CITY-	ST-ZIP			Channa	Additio-
TITLE			4.1 TITLE				L Change	Addition
NAME	ELLIS, BARBARA		4.2 NAME					1
STREET ADDRESS	HIGHWAY 77 SOUTHPORT FL			T ADDRESS				
CITY-ST-ZIP TIBLE	SOUTHFUNI FL	DELETE	4.4 CITY - 5.1 TITLE	31 - ZIF			Change	Addition
NAME		<u> </u>	5.2 NAME					
STREET AODRESS				T ADDRESS			•	
CHTY-\$1-ZIP			54 CITY-				ı	F
TITLE		DELETE	61 TITLE				☐ Change	Addition
NAME			6.2 NAME		,			1 1
STREET ADDRESS			6.3 STREE	T ADDRESS				
COY-ST-ZIP			6.4 CITY-	ST-ZIP				
14. 1 do heret	by certify that the information supplied in indicated on this annual report or s	d with this filing does not qualify	for the ex	emption s	tated in Section 119.07	(3)(i). Florida Statute	s. I further certify that	it the
Lam an o	fficer or director of the corporation or in Block 12 or Block 13 وا لز 13 anged, or	the receiver or trustee empower	ered to exe	cute this	report as required by Ch	apter 607, Florida S	statutes; and that my	name
appears i	III DIOCK 12 OF BIOCK 13 II Thanged, OF							1
I		The second secon	L F # "6 E""	E'''%	• •	00/07		

CICMATURE

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/97

Date

Daytime

FILED

Jan 31 1997 8:00am

Secretary of State

Daytime Phone #