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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H63655**

(5)

FILED Apr 21 1997 8:00am Secretary of State

1. Corporation Name COUNTRYSIDE CARS, INC. Principal Place of Business 23499 US 19 N CLEARWATER FL 34625-8576 Mailing Address 23499 US 19 N CLEARWATER FL 34625-1576								
					3. Date Incorporated or Qualified 06/25/1985		ite of Last R 02/1996	eport
2. Principal F 21	Place of Business	2a. Mailing Address			4. FEI Number 59-2544532		⊢ -+	oplied For
Suite, Apt	#, etc.	Suite, Apt. #, etc.	***************************************	···	5. Certificate of Status Desired		\$8.75	ot Applicable Additional
City & Stal	do	City & State	···	···				equired
23		28			Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees
Zip 24	Country 25	Zip 29	Coun	try	8. This corporation has liability for i	intangible		. 199.032,
	9. Name and Address of Cur		100		10. Name and Address of New Re			
BAH	Ker, george D.		[6	Name				
	199 US 19 N EARWATER FL 34625-8576		L	Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
				34 City			85 Zip	Code
			i	1 '		FL		
office or agent 1 a	registered agent, or both, in the St am familiar with, and accept the ob	tate of Florida, Such change w	as authorized	by the corpora	ation's board of directors. I hereby accep	of the app	ointment as	registered
office or agent. I a SIGNATURE	Signature typed or printed name of registered				rporation submits this statement for the pation's board of directors. I hereby acception with the patient of th	DATE	····	
SIGNATURE	Supremore hyperd or punited name of registerers OFFICERS	o agent and title it applicable.	(NOTE: Registered	Agent signature requ	ulrad when reinstating)	DATE	····	
SIGNATURE 12. TITLE NAME	Standard typed or punited name of registeres OFFICERS DP BAKER, GEORGE D.	o agent and title it applicable.	NOTE: Registered a 13. 1.1 TiTL 1.2 NAM	Agent signature requ	ulrad when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TILLE NAME STREET ADDRESS	Signature typed or punited name of registered OFFICERS DP BAKER, GEORGE D. 23499 US 19 N	o agent and title it applicable.	13. 1.1 Till 1.2 NAM 1.3 STR	Agent signature requ E AE EET ADDRESS	ulrad when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-76*	Signature typed or printed name of registered OFFICERS DP BAKER, GEORGE D. 23499 US 19 N CLEARWATER FL	o agert and title if applicable AND DIRECTORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT	Agent signature requ E 4E EET ADDRESS (-ST-ZIP	ulrad when reinstating)	DATE	DIRECTOR Change	RS IN 12 Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature typed or printed name of registered OFFICERS DP BAKER, GEORGE D. 23499 US 19 N CLEARWATER FL DS	o agent and title it applicable.	13. 1.1 Till 1.2 NAM 1.3 STR	Agent signature requ E AE EET ADDRESS (-ST-ZIP E	ulrad when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TILE NAME STREET ADDRESS CITY-ST-76* TITLE	Signature typed or printed name of registered OFFICERS DP BAKER, GEORGE D. 23499 US 19 N CLEARWATER FL DS BAKER, DENISE 23499 US 19 N	o agert and title if applicable AND DIRECTORS DELETE	13. 1.1 TITL 12 NAM 1.3 STR 1.4 CITY 21 TITL 22 NAM	Agent signature requ E AE EET ADDRESS (-ST-ZIP E	ulrad when reinstating)	DATE	DIRECTOR Change	RS IN 12 Addition
SIGNATURE 12. THLE NAME STREET ADDRESS CHY-SI-7P THLE NAME STREET ADDRESS CHY-SI-7P	Signature typed or printed name of registered OFFICERS DP BAKER, GEORGE D. 23499 US 19 N CLEARWATER FL DS BAKER, DENISE	D agent and title it applicable. AND DIRECTORS DELETE	13. 1.1 TITL 12 NAM 1.3 STR 1.4 CITY 2.1 TITL 22 NAM 2.3 STR 2.4 CIT	Agent signature requ E AE EET ADDRESS (-ST-ZIP E EET ADDRESS Y-ST-ZIP	ulrad when reinstating)	DATE	DIRECTOF Change Change	Addition
SIGNATURE 12. TILLE NAME STREET ADDRESS CITY-ST-7/6* TITLE NAME STREET ADDRESS CITY-ST-7/10* TITLE TITLE NAME TREET ADDRESS CITY-ST-7/10* TITLE	Signature typed or printed name of registered OFFICERS DP BAKER, GEORGE D. 23499 US 19 N CLEARWATER FL DS BAKER, DENISE 23499 US 19 N	o agert and title if applicable AND DIRECTORS DELETE	13. 1.1 TITL 12 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL	Agent signature requ E AE EET ADDRESS (-ST-ZIP AE EET ADORESS Y-ST-ZIP E	ulrad when reinstating)	DATE	DIRECTOR Change	RS IN 12 Addition
SIGNATURE 12. THEF NAME STREET ADDRESS CHY-ST-ZIP THE NAME STREET ADDRESS CHY-SI-ZIP THEF THEF NAME	Standard typed or punited name of registered OFFICERS DP BAKER, GEORGE D. 23499 US 19 N CLEARWATER FL DS BAKER, DENISE 23499 US 19 N CLEARWATER FL	D agent and title it applicable. AND DIRECTORS DELETE	13. 1.1 TITL 12 NAM 1.3 STR 1.4 CITY 21 TITL 22 NAM 2.3 STR 2.4 CIT 3.1 TITL 32 NAM	Agent signature requ E AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E AE	ulrad when reinstating)	DATE	DIRECTOF Change Change	Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-76* TITLE NAME STREET ADDRESS CITY-ST-74* TITLE NAME STREET ADDRESS CITY-ST-74* TITLE NAME STREET ADDRESS	Signature typed or punited name of registered OFFICERS DP BAKER, GEORGE D. 23499 US 19 N CLEARWATER FL DS BAKER, DENISE 23499 US 19 N CLEARWATER FL	Delete	13. 1.1 TITL 12 NAN 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAN 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAN 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAI 4.3 STR	Agent signature requ E AE EET ADDRESS (-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E ME EET ADDRESS W-ST-ZIP E ME EET ADDRESS	ulrad when reinstating)	DATE	DIRECTOR Change Change	Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-70* TITLE NAME STREET ADDRESS CITY-ST-710* TITLE	Signature typed or punited name of registered OFFICERS DP BAKER, GEORGE D. 23499 US 19 N CLEARWATER FL DS BAKER, DENISE 23499 US 19 N CLEARWATER FL	Delete	13. 1.1 TITL 12 NAN 1.3 STR 1.4 CITY 2.1 TITL 22 NAN 2.3 STR 2.4 CIT 3.1 TITL 32 NAN 33 STR 3.4 CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CITY 5.1 TITL	Agent signature requ E AE AE EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E ME EET ADDRESS Y-ST-ZIP E	ulrad when reinstating)	DATE	DIRECTOR Change Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-76* TITLE NAME STREET ADDRESS CITY-ST-71P TITLE NAME	Signature Syred or punited name of registered OFFICERS DP BAKER, GEORGE D. 23499 US 19 N CLEARWATER FL DS BAKER, DENISE 23499 US 19 N CLEARWATER FL	Delete	13. 1.1 TITL 12 NAN 1.3 STR 1.4 CITY 2.1 TITL 22 NAN 2.3 STR 2.4 CIT 3.1 TITL 32 NAN 33 STR 3.4. CIT 4.1 TITL 4.2 NAI 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAN	Agent signature requ E AE AE EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E ME EET ADDRESS Y-ST-ZIP E ME EET ADDRESS Y-ST-ZIP E AC AC AC AC AC AC AC AC AC	ulrad when reinstating)	DATE	DIRECTOR Change Change Change	Addition Addition Addition
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4. I do 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 let 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 atjachment with an address.

SIGNATURE

STURATURE AND TYPEO OR PRINTED N

DENISE BA

BAKER

4-12-97 813-791-9965 Date Destributed Destributed