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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

J06294 DOCUMENT # 1. Corporation Name

(9)

COUNTRY WOODSMITH, INC.



Principal Place of	Business	Malling Address				
1191 AUTUMN LONGWOOD I	i Brook Circle FL 32750	1191 AUTUMN BROOK CIRCLE LONGWOOD FL 32750				
				3. Date Incorporated c 03/27/1986	r Qualified 3a. D	ate of Last Report 04/18/1995
2. Principal Place	of Business	2a. Mailing Address		4. FEI Number		Applied F
		26		59-265168	6	Not Appl
Suite, Apt. #, (etc.	Suite, Apt. #, etc. 27 P. D. Box	1134	5. Certificate of Status	Desired	\$8.75 Addition
City & State		Oity & State 28 CAMOEN,		6. Election Campaign Trust Fund Contribu	ition U	\$5.00 May E Added to Fee
.] Ζιρ]	Country 25	Zφ 29 29020	Country 30	8. This corporation has Flor-da Statutes	🗌 Yes 🖳 No	
<u> </u>	9. Name and Address of Cu	rrent Registered Agent		10. Name and Addres	s of New Registere	ed Agent
1 103 E. L	, EDWARD G. AUREN CT. ARK FL 32730		81 Sec. 182 Sec. 183 Sec. 184	Philip A. CALLING POLAddress (P.O. Box Number is No. 15 & 5 & 436	ot Acceptable)	85 Zp Code
amiliar with, SIGNATURE. Si, 2.	and nocepit the obligations of,	Florida Such change was auth Section 697 (505, Florida Stati Supplied to the specific S AND DIRECTORS	hule A. C. (14 Th. 15 g. dries Agents & C. (15 Th. 15 g. dries Agents & C. (15 Th. 15	ADDITIONS/CHANG	28/96 DES TO OFFICE HS A	AND DIRECTORS IN 1
ITLE AME TREET ADDRESS ITY-ST-ZIP	WITT, CARL 1191 AUTUMN BROOK LONGWOOD FL	_	1.2 NAME 1.3 STREET AD IF 1.4 CHY - ST- 2 P	C C. 70.	St.	
TLE AME TREET ADORESS ITY-ST-ZIP	SD WITT, VERA 1191 AUTUMN BROOK LONGWOOD FL	CIRCLE	2 1 TITLE 22 NAME 23 STREET AD # 24 CUY-S1 2P	61 Burbage S	St.	₹ Change ☐ Ad
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TITLE NAME STREET ADDRESS		☐ DEL€1E	5 1 THEE 52 NAME 53 STREET AED	3000 -05/22/ ***200.0	018335 9601010 00	-83° □ A -005
CITY · ST - ZIP ITTLE NAME STREET ADORESS		DELETE	5.4 C-TY - 5T - 78 6.1 THE 6.2 NAME 6.3 STREFT AT-0	RESS		Change A
CITY-ST-ZIP			6.4 C(TY - \$1/I)		01 110 07/0//	Elevida Statutos I fue

14. Too 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)(k). Florida Statutes I further certify that the information indicated on this armual 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 13 if changed or on an attachment with an address.

SIGNATURE: