

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J34273 (9)

1. Corporation Name

COUNTRY CLASS REALTY, INC.



Principal Place of Business

4616 TURNER RD.
P O BOX 2627
LAKELAND FL 33806-2627
US

Mailing Address

P O BOX 2627
LAKELAND FL 33806-2627
US

3. Date Incorporated or Qualified
09/22/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 1420 South Florida Ave

2a. Mailing Address

26 Suite, Apt. #, etc.

22 408

27 City & State

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2720929

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

9. Name and Address of Current Registered Agent

HARPER, ROBERT F., III
1420 S. FLORIDA AVE.
4905 WEST WHITE OAK DRIVE
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name

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

5508 Scott Lake Road

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0532 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, typed or printed name of registered agent and date of filing

(Print: Registered Agent's name and date of filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME HARPER, ROBERT F., III
STREET ADDRESS 4905 WEST WHITE OAK DRIVE
CITY-ST-ZIP LAKELAND FL ☐ DELETE

TITLE SD
NAME HARPER, AMY D
STREET ADDRESS 4905 WEST WHITE OAK DRIVE
CITY-ST-ZIP LAKELAND FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 5508 Scott Lake Road
1.4 CITY-ST-ZIP ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 5508 Scott Lake Road
2.4 CITY-ST-ZIP ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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 recorder 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAY

Daytime Phone #

CR2E034 (12/95)