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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # J77288

(5)

95 FEB -2 PM 2:16

1. Corporation Name

COUNTRY BUMPKINS, INC.

Principal Place of Business

Mailing Address

4111 CLEVELAND AVE
FT. MYERS FL 33901
US

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FT. MYERS FL 33901
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/09/1987

3a. Date of Last Report

06/30/1994

4. FEI Number

59-2834204

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

3805 N UNIVERSITY DR

City & State

City & State

23

28

SUNRISE, FL

Zip

Country

Zip

Country

24

25

USA

29

30

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

10. Name and Address of New Registered Agent

GARGANO, ANTHONY J
1520 ROYAL PALM SQUARE BLVD.
STE. 260
FT. MYERS FL 33919

81 Name

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

83

84 City

FL

85 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~DP~~
NAME LAGESCHULTE, DAVID L.
STREET ADDRESS 2844 SHRIVER DR.
CITY-ST-ZIP FT MYERS FL

1.1 TITLE CRO/D ☐ Change ☐ Addition

TITLE ~~DS~~
NAME BRAWNER, TERRY K.
STREET ADDRESS 1480 LARKSPUR DR.
CITY-ST-ZIP FT MYERS FL

2.1 TITLE P/D ☐ Change ☐ Addition

TITLE ~~DT~~

3.1 TITLE S/T/D ☐ Change ☐ Addition

STREET ADDRESS 5745 SANDPIPER PLACE
CITY-ST-ZIP FT MYERS FL

3.3 STREET ADDRESS

TITLE D
NAME KLINGENSMITH, KIT A.
STREET ADDRESS 6723 PLANTATION MANOR LP
CITY-ST-ZIP FT MYERS FL

3.4 CITY-ST-ZIP

TITLE D
NAME REGNIER, DALE R.
STREET ADDRESS 981 WITTMAN
CITY-ST-ZIP FT MYERS FL

4.1 TITLE ☐ Change ☐ Addition

TITLE

4.2 NAME

NAME

4.3 STREET ADDRESS

STREET ADDRESS

4.4 CITY-ST-ZIP

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE

5.2 NAME

NAME

5.3 STREET ADDRESS

STREET ADDRESS

5.4 CITY-ST-ZIP

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE

6.2 NAME

NAME

6.3 STREET ADDRESS

STREET ADDRESS

6.4 CITY-ST-ZIP

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 110.07(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 affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL W LYNCH, SEC/TREAS

1/25/95

113-275-6332