

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J93150 (7)**
1. Corporation Name
COUNTRY PINE NEWTIQUES OF FLORIDA, INC.



Principal Place of Business: **130 5TH AVE. WEST, 512 E WASHINGTON STREET, MT. DORA FL 32757 US**
Mailing Address: **130 5TH AVE. WEST, 512 E WASHINGTON STREET, MT. DORA FL 32757 US**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21: Suite, Apt. #, etc.
22: City & State
23: Zip, Country
24: Zip, Country
26: Suite, Apt. #, etc.
27: City & State
28: Zip, Country
29: Zip, Country
30: Zip, Country

3. Date Incorporated or Qualified: **09/16/1987**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-2847528**
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
**POTTER, DEI G
308 E 5TH AVE
MT. DORA FL 32757**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS
D **CAMPBELL, JOSEPH C.**
130 5TH AVE. WEST
MT. DORA FL
V **THOMSON, PAM**
130 5TH AVE., W.
MT. DORA FL
[] DELETE
[] DELETE
[] DELETE
[] DELETE
[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11. TITLE [] Change [] Addition
12. NAME
13. STREET ADDRESS
14. CITY-STATE-ZIP [] Change [] Addition
21. NAME
22. STREET ADDRESS [] Change [] Addition
23. CITY-STATE-ZIP [] Change [] Addition
31. NAME
32. STREET ADDRESS [] Change [] Addition
33. CITY-STATE-ZIP [] Change [] Addition
41. NAME
42. STREET ADDRESS [] Change [] Addition
43. CITY-STATE-ZIP [] Change [] Addition
51. NAME
52. STREET ADDRESS [] Change [] Addition
53. CITY-STATE-ZIP [] Change [] Addition
61. NAME
62. STREET ADDRESS [] Change [] Addition
63. CITY-STATE-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 receiver or trustee or 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: *Pam Thomson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 352 7532391

CR2E034 (12/95)