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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K43640

COUNTRY RETREAT, INC.

Principal Place of Business Mailing Address C/O ROBERT K. RUGGLES, III C/O ROBERT K. RUGGLES. III 240 NORTH WASHINGTON BLVD. SUITE 311 240 NORTH WASHINGTON BLVD. SUITE 311 **SARASOTA FL 34236-5929** SARASOTA FL 34236 3. Date Incorporated or Qualified 3a. Date of Last Report 11/07/1988 03/08/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0085260 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Country Zip Zip This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FOURNIER, ROBERT M., ESQ. **1800 SECOND STREET** Street Address (P.O. Box Number is Not Acceptable) SUITE 806 SARASOTA FL 34236 83 84 City 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 Typica or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change Addition THILE 1.1 TITLE RUGGLES, ROBERT K. III NAME 1.2 NAME 240 N. WASHINGTON BLVD. 1.3 STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP 1.4 CiTY-ST-7IP ☐ DELETE ☐ Change Addition TITLE 2.1 TITLE 22 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS ٠. 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 31 TITLE TiTLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET AUDRESS 34. CITY - SY-ZIP CITY - \$1 - ZIP DELETE Change Addition TITLE 41 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP Change DELETE Addition THEF 5.1 Title 5.2 NAME NAME

14. I do hereby certify that the information supplied with this fitting 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 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 address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

61 TITLE

6.2 NAME

STREET ADDRESS CHY-ST-ZIP

STREET ADORESS

TITLE NAME

skining officeron Director 2/1/92

DELETE

Change

Addition

FILED

Feb 10 1997 8:00am

Secretary of State