

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L36702 (3)

1. Corporation Name

COUNTRYMAN & ASSOCIATES, P.A., CPA



Principal Place of Business

202 WEST BEARSS AVE
SUITE 280
TAMPA FL 33613
US

Mailing Address

202 WEST BEARSS AVE
SUITE 280
TAMPA FL 33613
US

3. Date Incorporated or Qualified
12/14/1989

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

2. Principal Place of Business

2a. Mailing Address

21 16011 Nebraska Ave. N.

26 16011 Nebraska Ave. N.

4. FEI Number
59-2981184

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 107

27 Suite 107

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Lutz, Florida

28 Lutz, Florida

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33549

25 Hillsborough

29 33549

30 Hillsborough

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

COUNTRYMAN, JOHN A.

202 W. BEARSS

SUITE 280

TAMPA FL 33613

81 Name John A. Countryman

82 Street Address (P.O. Box Number is Not Acceptable)
16011 Nebraska Ave. N.

83 Suite 107

84 City
Lutz,

FL

85 Zip Code
33549

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

John A. Countryman
Signature of person or printed name of registered agent as authorized by the corporation.

John A. Countryman President

April 29, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST
NAME COUNTRYMAN, JOHN A.
STREET ADDRESS 202 W. BEARSS
CITY-ST-ZIP TAMPA FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 16011 Nebraska Ave. N. Suite 107
1.4 CITY-ST-ZIP Lutz, Florida 33549

TITLE D
NAME COUNTRYMAN, JOHN A.
STREET ADDRESS 202 W. BEARSS
CITY-ST-ZIP TAMPA FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 16011 Nebraska Ave. N. Suite 107
2.4 CITY-ST-ZIP Lutz, Florida 33549

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

John A. Countryman

John A. Countryman

April 29, 1996

813-949-1450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)