SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 28 PM 1:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N48359** **(6)**

1. Corporation Name
COUNTRYSIDE JR. COUGARS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2761 MORNINGSIDE DRIVE CLEARWATER FL 34619	2761 MORNINGSIDE DRIVE CLEARWATER FL 34619

3. Date Incorporated or Qualified: 04/13/1992
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-3116534 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1230 HOLLEY CIR	26 1230 Holley CIR
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State: OLDSMAR FL	28 City & State: OLDSMAR FL
24 Zip: 34677 25 Country: USA	29 Zip: 34677 30 Country: USA

9. Name and Address of Current Registered Agent

GRANESE, ANTHONY P.
1014 DREW STREET
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☑ Change ☐ Addition
NAME	BAKER, ROGER	12 NAME	☆ FOREST, PETE
STREET ADDRESS	2761 MORNINGSIDE DRIVE	13 STREET ADDRESS	1230 HOLLEY CIR
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	OLDSMAR FL 34677
TITLE	VD	21 TITLE	VD TD ☑ Change ☐ Addition
NAME	FOREST, PETE	22 NAME	LORANGER, PETE
STREET ADDRESS	1230 HOLLEY CIR.	23 STREET ADDRESS	2010 MANDALAY CT
CITY-ST-ZIP	OLDSMAR FL 34677	24 CITY-ST-ZIP	OLDSMAR FL 34677
TITLE	VD	31 TITLE	VD ☐ Change ☑ Addition
NAME	ARMSTRONG, DAVE	32 NAME	YOUNG, DAVE
STREET ADDRESS	1121 PELICAN PL	33 STREET ADDRESS	3455 COUNTRYSIDE BL #66
CITY-ST-ZIP	SAFETY HARBOR FL 34695	34 CITY-ST-ZIP	CLEARWATER FL 34621
TITLE	SD	41 TITLE	SD ☐ Change ☑ Addition
NAME	LORANGER, PETE	42 NAME	OASHEIM, CINDY
STREET ADDRESS	3914 OLD VILLAGE WAY	43 STREET ADDRESS	2777 ENTERPRISE RD #51
CITY-ST-ZIP	OLDSMAR FL 34677	44 CITY-ST-ZIP	CLEARWATER FL 34619
TITLE	TD	51 TITLE	D ☐ Change ☑ Addition
NAME	LORANGER, PETE	52 NAME	YOUNG, TONI
STREET ADDRESS	3914 OLD VILLAGE WAY	53 STREET ADDRESS	3455 COUNTRYSIDE BL #66
CITY-ST-ZIP	OLDSMAR FL	54 CITY-ST-ZIP	CLEARWATER FL 34621
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	REMOVE BAKER/ROGER
STREET ADDRESS		63 STREET ADDRESS	ARMSTRONG/DAVE
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] VP 6/23/95 813 8542514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016350