

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 13 AM 9:52

DOCUMENT # P93000028370 (3)

1. Corporation Name

CITY AND COUNTRY PROPERTIES, INC.

Principal Place of Business

**845 RIVIERA ST.
VENICE FL 34285
US**

Mailing Address

**845 RIVIERA ST.
VENICE FL 34285
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1993

3a. Date of Last Report

04/29/1994

4. FEI Number

65-0403592

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**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 46 N. Washington Blvd.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 22

Suite, Apt. #, etc.

City & State

City & State

23 Sarasota, Fl.

28

Zip Country

Zip

Country

24 34236

25 usa

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALL, JONI
845 RIVIERA ST.
VENICE FL 34285**

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 607.1506, 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 of registered agent or person authorized to act as such

(If 31. Projected Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	WALL, H. RICARD
STREET ADDRESS	845 RIVIERA ST.
CITY- ST- ZIP	VENICE FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T/D	☒ Change ☐ Addition
1.2 NAME	Wall, Joni	
1.3 STREET ADDRESS	845 Riviera St.	
1.4 CITY- ST- ZIP	Venice, Fl. 34285	
2.1 TITLE	V/S/D	☒ Change ☐ Addition
2.2 NAME	Wall, H. Richard	
2.3 STREET ADDRESS	845 Riviera St.	
2.4 CITY- ST- ZIP	Venice, Fl. 34285	☐ Change ☐ Addition
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 687, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joni Wall

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

1-10-95

Date

9048

Typed Name