

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 # **P93000076150 (0)**

1. Corporation Name
SHELLS OF COUNTRYSIDE SQUARE, INC.



Principal Place of Business
**2543 COUNTRYSIDE BOULEVARD
CLEARWATER FL 34621**

Mailing Address
**16313 N. DALE MABRY HWY
SUITE 100
TAMPA FL 33618**

3. Date Incorporated or Qualified **10/25/1993** 3a. Date of Last Report **04/04/1995**

4. FEI Number **59-3216752** 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
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

**GIORDANO, JOHN N
220 SOUTH FRANKLIN STREET
TAMPA FL 33602**

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 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 _____ DATE _____
Signature typed or printed name of registered agent if applicable. (NOTE: Registered Agent signature required when renouncing.)

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **P HATTAWAY, W.E.**
STREET ADDRESS **16313 N. DALE MABRY HWY**
CITY-ST-ZIP **TAMPA FL**

TITLE DELETE
NAME **VP NELSON, W.R.**
STREET ADDRESS **16313 N. DALE MABRY HWY**
CITY-ST-ZIP **TAMPA FL**

TITLE DELETE
NAME **VP ROEHL, FRANK C III**
STREET ADDRESS **16313 N. DALE MABRY HWY**
CITY-ST-ZIP **TAMPA FL**

TITLE DELETE
NAME **VP RITCHEY, J.R.**
STREET ADDRESS **16313 N. DALE MARY HWY**
CITY-ST-ZIP **TAMPA FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

**300001795583
-04/26/96-01019-035
***2200.00**

**4-23-96
JL**

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 if changed, or on an attachment with an address

SIGNATURE: _____ DATE: **4-17-96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____

CR2E034 (12/95)