

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000005915 (1)**

1. Corporation Name

COUNTRYSIDE PACKAGE, INC.



Principal Place of Business

**690 E. DOGWOOD ST.
MONTICELLO FL 32344**

Mailing Address

**PO BOX 194
MONTICELLO FL 32345
US**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HARP, JANE W
690 E. DOGWOOD ST.
MONTICELLO FL 32344**

3. Date Incorporated or Qualified

01/25/1994

3a. Date of Last Report

04/19/1995

4. FEI Number

59-3223235

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

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

(Signature of Registered Agent or authorized officer)

(Signature of Registered Agent or authorized officer)

DATE

12. OFFICERS AND DIRECTORS

1. NAME	D	<input type="checkbox"/> DELETE
2. NAME	HARP, JANE W	
3. STREET ADDRESS	690 E. DOGWOOD ST.	
4. CITY-STATE-ZIP	MONTICELLO FL 32344	
5. NAME		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. NAME		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. NAME		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. NAME		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 1.2 NAME	
3. 1.3 STREET ADDRESS	
4. 1.4 CITY-STATE-ZIP	
5. 2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 2.2 NAME	
7. 2.3 STREET ADDRESS	
8. 2.4 CITY-STATE-ZIP	
9. 3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. 3.2 NAME	
11. 3.3 STREET ADDRESS	
12. 3.4 CITY-STATE-ZIP	
13. 4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. 4.2 NAME	
15. 4.3 STREET ADDRESS	
16. 4.4 CITY-STATE-ZIP	
17. 5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. 5.2 NAME	
19. 5.3 STREET ADDRESS	
20. 5.4 CITY-STATE-ZIP	
21. 6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. 6.2 NAME	
23. 6.3 STREET ADDRESS	
24. 6.4 CITY-STATE-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 if changed, or on an attachment with an address.

SIGNATURE:

Jane W. Harp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-96

904-997-2511

CR2E034 (12/95)