FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 30 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400005915 (1)

COUNTRYSIDE PACKAGE, INC.

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Principal Place of Business Mailing Address							1 10011081 1	iff saist MILLI AGIN ABIN A&I	na Alb itot Albito t m	tind tilbat irlig	16 Mirs amm	
690 E. DOGWO MONTICELLO		PO BOX 194 MONTICELLO FL 32345-0194 US										
			US					3. Date Incor	porated or Qualified	3a. Date	of Last Re	eport
								01/25/1	994	02/1	4/1996	
2. Principal Pl	lace of Business	2a. Mading Address						4. FEI Number Appli			plied For	
21		26					59-322	59-3223235 Not Ap			t Applicable	
Surte, Apt. #, etc.			Suite, Apt. #. etc.					5. Certificate	5. Certificate of Status Desired Security Securi			
City & State			City & State					1	6. Election Campaign Financing \$5.00 May Be			
23			28					Trust Fund Contribution Added to Fees				
	Zip Country			Zip Country				8. This corporation has liability for intangible tax under s. 199.032,				
24	9. Name and Add	29					Florida Statutes Yes X No 10. Name and Address of New Registered Agent					
		iress of Corrent i	Jedistelen Wi	lanr		81	Name	IV. Hallie Blit	Wonass of Man Lie	Ristolog W	join	
	RP, JANE W											
	e. dogwood st NTICELLO FL 3234				82	Street Add	Address (P.O. Box Number is Not Acceptable)					
14101	THOUSE TE GEOT	•				83						
					'	84	City		.,	FL	85 Zip (Code
11. Pursuant l	to the provisions of S	ections 607.0502 a	ind 607.1508,	Florida Statut	tes, the al	bove	-named co	proporation submits t	nis statement for the p	urpose of c	hanging it	s registered
office of fi	egistered a gos t, or b m familiar with, and a	oth, in the State of ecept the obligati	Florida. Such on, of, Section	change was n 607.0505, Fi	autnorize Iorida Stat	a by tutes	the corpor s.	ration's board of dir	ectors. I hereby accep	ot the appoi	ntment as	registered
SIGNATURE.	Dan	-/11.1	Ach	·					-	1-27	-97	-
SIGNATORE.	Signature, type Yor printed n	ame of registered agent a	red title if a plicaul	e (NOI	l'E Registere	d Age	nt signature req	quired when reinstating)		DATE		
12.	V	OFFICERS AND I	DIRECTORS		13.			ADDITIONS	/CHANGES TO OFFIC			
TITLE	D			DELETE	1.1 ŢI	ITLE	ļ			L	Change	Addition
NAME	HARP, JANE W				1.2 N	AME						
STREET ADDRESS	690 E. DOGWO				1.3 \$	TREET	ADDRESS		St C			
CITY - SY - ZIP	MONTICELLO FI	_ 32344					T-ZIP	 ,			T	
TATLE				DELETE	2.1 Ti	TLE				L	_J Change	Addition
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NAME	:				3.2 N	AME						
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NAME						MAME						
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NAME					52 N	AME						1
STREET ADDRESS					5.3 \$	TREET	ADDRESS					
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THLE				DELETE	6.1 T					L	Change	Addition
NAME					6.2 N		,					
STREET ADORESS					6.3 S	TREET	ADDRESS					

14. I do hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: