


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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90060 003 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000019152

1. Corporation Name
COUNTRY WOODS-N-THINGS, INC.

Principal Place of Business 114 E BRANDON BLVD BRANDON FL 33511 US	Mailing Address 114 E BRANDON BLVD BRANDON FL 33511 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1994

4. FEI Number

59-3228183

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business 21 952 W. Brandon Blvd. Suite, Apt. #, etc. 22 City & State 23 Brandon FL Zip 24 33511 Country 25 USA	2a. Mailing Address 26 952 W. Brandon Blvd. Suite, Apt. #, etc. 27 City & State 28 Brandon FL Zip 29 33511 Country 30 USA
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9. Name and Address of Current Registered Agent

JOHNSTON, BEN R
1602 SOUTHCREST COURT
BRANDON FL 33510

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

29118 Caddyshack Lane

83

84 City

San Antonio

FL

85 Zip Code

33576

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																																																												
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14. I 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, with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 14 99

Date

8136852017

Daytime Phone #

CR2E034 (11/98)