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

CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000019733 (2) DOCUMENT #

COUNTRY CONSTRUCTION, INCORPORATED

## **FILED** Apr 28 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 380 N.W. DEARMAN STREET 380 N.W. DEARMAN STREET PORT ST. LUCIE FL 34983 PORT ST. LUCIE FL 34983 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/10/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0474967 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name TREVOR, JEAN 380 N.W. DEARMAN STREET Street Address (P.O. Box Number is Not Acceptable) PORT ST. LUCIE FL 34983 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.050? 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** 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE TREVOR, JEAN NAME 1.2 NAME CR2E034 380 N.W. DEARMAN STREET STREET ADDRESS 1.3 STREET ADDRESS PORT ST. LUCIE FL 34983 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE STUBER, GEORGE A JR. NAME 2.2 NAME 380 NW DEARMAD ST. STREET ADDRESS 2.3 STREET ADDRESS PORT ST. LUCIE FL 34983 CITY-\$1-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE TREVOR, STEPHEN NAME 3.2 NAME 380 N.W. DEARMAN STREET STREET ADDRESS 3.3 STREET ADDRESS PORT ST. LUCIE FL 34983 CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change ☐ Addition Jean Trevor NAME 4. 2 NAME 380 NW DEARMAN ST. STREET ADDRESS 4.3 STREET ADDRESS PORT ST. LUCIE FL 34983 CITY-ST-ZIP 4.4 City - ST-ZiP DELETE Change Addition TITLE 51 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change TITLE DELETE Addition 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 anti-inment with an address.

SIGNATURE:

JUAN TREVOR um

4/20/98 561-878-1469