FILE NOW: FILING FEE AFTER MAY 1 IS \$55

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT F STATE

Sandra B. Mort

FILED

Apr 29 1997 8:00am

Secretary of State

Secretary of Standard Standard

POCUMENT # P95000018719 (1)

COUNTRYSIDE AUTOMOTIVE, INC.

2340 STATE RD 580 2340 STATE RD 580 UNIT T & U UNIT T & U **CLEARWATER FL 34623** CLEARWATER FL 34623-1151 3. Date Incorporated or Qualified 3a. Date of Last Report 03/08/1995 05/01/1996 2. Principal Place of Business 2a, Mailing Address Applied For 4. FEI Number 59-3300553 Not Applicable 21 26 Suite. Ant. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution ZiD Country Zio Country This corporation has liability for intangible tax under s. 199.032, 🔀 Yes 🗌 No 24 30 Florida Statutes 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SKOPIS, CHRISTOS 2340 STATE RD 580 82 Street Address (P.O. Box Number is Not Acceptable) UNIT T & U 83 **CLEARWATER FL 34623** City Zip Code Sections 607-8502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both in the State of Plorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the appointment as registered accept the appointment as registered. 11. Pursuant to the p office or registere agent. I am famil Signature, typed agent and title if applicable (NOTE: Registered Agent algoriture required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. 96/6) Addition DELETE Change THLE 1.1 YITLE SKOPIS, CHRISTOS NAME 1.2 NAME 325 SCOTT CT 1.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34684 DITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-\$1-7F 2 4 CITY - ST-ZIP Addition DELETE 3 1 TITLE Change TITLE 32 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP /- \$T - ZIP DELETE Change Addition TITLE 4.1 10 NAME 4.2 N 4.3 STIFFET ADDRESS STREET ADDRESS ALI CH -ST-ZIP CHY-SI-TIP. Change Addition DELETE TILE # 49 OF 5.1 Tel NAME 5.2 NA STREET ADDRESS 5.3 STREET ADDRESS ST-ZIP CITY-ST-ZIP 5.4 CIT Change Addition DELETE TITLE 6.2 NA NAME 6.3 51 T ADDRESS STREET ADDRESS

6.4 CIT)

EVANUE !

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

14. I do hereby certify that the information supplied with this filing does not qualify for the comption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this arriual report or supplemental annual report is true and as turate and that my signature shall have the same legal effect as if made under oath; that if am an officer or director of the corporation or the receiver or trustee empowered to encure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charging or on arguitechment with an address.

ST-ZIP

310621

SKOPIS

Daylime Phone #