

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000082606 (1)

1. Corporation Name

ANGEL COUNTRY COMPANY



Principal Place of Business

1597 SHERRIS LANE
HOLLY HILL FL 32117

Mailing Address

1597 SHERRIS LANE
HOLLY HILL FL 32117

3. Date Incorporated or Qualified
10/25/1995

3a. Date of Last Report
INITIAL REPORT

2. Principal Place of Business

21 1597 SHERRIS LANE

Suite, Apt. #, etc.

2a. Mailing Address

26 1597 SHERRIS LANE

Suite, Apt. #, etc.

4. FEI Number

59-3346537

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

22 City & State

23 HOLLY HILL, FL

27 City & State

28 HOLLY HILL, FL

24 32117-2035 25 USA

29 32117-2035 30 USA

g. Name and Address of Current Registered Agent

SPROGIS, ULDIS
1597 SHERRIS LANE
HOLLY HILL FL 32117

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 agent or previous and of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT ☐ DELETE

NAME Aiga Sprogis
STREET ADDRESS 1597 Sherris Lane
CITY-ST-ZIP Holly Hill, FL, 32117

TITLE VICE PRESIDENT & TREASURER ☐ DELETE

NAME ULDIS SPROGIS
STREET ADDRESS 1597 Sherris Lane
CITY-ST-ZIP Holly Hill, FL, 32117

TITLE SECRETARY ☐ DELETE

NAME DRCE KAMALY
STREET ADDRESS 529 Brown Pelican Dr.
CITY-ST-ZIP Pelican Bay, FL, 32119

TITLE ☐ DELETE

NAME

CITY-ST-ZIP ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

300001746273
-03/18/96--01024--020
***200.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)