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Mar 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 32117-2035

Mailing Address  
1597 SHERRIS LANE  
HOLLY HILL FL 32117-2035



2. Principal Place of Business  
21 6 Crescent Lake Way  
Ormond Beach  
FL 32174

2a. Mailing Address  
26 6 Crescent Lake Way  
Ormond Beach  
FL 32174

3. Date Incorporated or Qualified 10/25/1995  
3a. Date of Last Report 03/15/1996  
4. FEI Number 59-3346537  
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

9. 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 *Aiga Sprogis* *President* *2/25/97*  
NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS  
TITLE P  
NAME SPROGIS, AIGA  
STREET ADDRESS 1597 SHERRIS LANE  
CITY-ST-ZIP HOLLY HILL FL 32117-2035  
TITLE VT  
NAME SPROGIS, ULDIS  
STREET ADDRESS 1597 SHERRIS LANE  
CITY-ST-ZIP HOLLY HILL FL 32117-2035  
TITLE S  
NAME KAMALY, DACE  
STREET ADDRESS 529 BROWN PELICAN DR  
CITY-ST-ZIP PELICAN BAY FL 32119  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
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

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:

*Aiga Sprogis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/25/97* *904-673-1923*  
Date Daytime Phone #

CR2E034 (9/96)