

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90038 044 ***150.00

DOCUMENT # P95000093287

1. Corporation Name

COUNTRY LAND & DEVELOPMENT, INC.

Principal Place of Business

1 SE 1ST AVE
GAINESVILLE FL 32601

Mailing Address

1 SE 1ST AVE
GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1995

4. FEI Number

59-3360699

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 8090 AIA S., Unit 407

2a. Mailing Address

26 8090 AIA South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 Unit 407

City & State

23 St. Augustine FL

City & State

28 St. Augustine, FL

Zip

24 32086

Country

25 USA

Zip

29 32086

Country

30 USA

9. Name and Address of Current Registered Agent

DELANEY, PHILIP A
1 SE 1ST AVE
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name

Charles P Gano

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

83 8090 AIA South # 407 32086

84 City

St Augustine

85 State

FL

86 Zip

32086

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

Charles P. Gano CHARLES P. GANO

02-19-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GANO, CHARLES P
STREET ADDRESS 8090 A1A SOUTH, UNIT 407
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE TD ☐ DELETE

NAME GANO, ANNIE M
STREET ADDRESS 8090 A1A SOUTH, UNIT 407
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE SD ☐ DELETE

NAME DELANEY, PHILIP A
STREET ADDRESS 1 SE 1ST AVE
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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

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:

Charles P. Gano CHARLES P. GANO

02-19-99

(904) 460-9419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0061344