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May 08 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 # P96000021011 (4)

1. Corporation Name
COUNTYWIDE ENTERPRISES, INC.

Principal Place of Business
10151 NE STATE ROAD 24
ARCHER FL. 32618

Mailing Address
POST OFFICE BOX 1537
BRONSON, FL.
32621

3. Date Incorporated or Qualified: 03/04/1996
3a. Date of Last Report:

2. Principal Place of Business (21) (22) (23) (24) (25)
2a. Mailing Address (26) (27) (28) (29) (30)
Suite, Apt. #, etc. / City & State / Zip / Country

4. FEI Number: 593391676 — 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

9. Name and Address of Current Registered Agent
Hallman, David A ESQ.
312 EAST PARK AVENUE
CHIEFLAND, FL. 32626

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PTD ☐ DELETE	11 TITLE	☒ Change ☐ Addition
12 NAME	CAMPBELL, WILLIAM E. JR.	12 NAME	
13 STREET ADDRESS	10151 NE STATE RD 24	13 STREET ADDRESS	10151 NE 60 STREET
14 CITY-ST-ZIP	ARCHER, FL. 32618	14 CITY-ST-ZIP	WILLISTON, FL. 32696
21 TITLE	VSDQ ☐ DELETE	21 TITLE	☒ Change ☐ Addition
22 NAME	CAMPBELL, IRIS H	22 NAME	
23 STREET ADDRESS	10151 NE STATE RD 24	23 STREET ADDRESS	10151 NE 60 STREET
24 CITY-ST-ZIP	ARCHER, FL 32618.	24 CITY-ST-ZIP	WILLISTON, FL. 32696
31 TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

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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: IRIS H CAMPBELL 5/01/97 (352) 486-6234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060622