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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation Name COUNTRYSIDE ENGINEERING, INC. Principal Place of Business 26224 LAKE LINDSEY RD. BROOKSVILLE FL 34601 BROOKSVILLE FL 34601 BROOKSVILLE FL 34601										
						3. Date Incorporated or Qualified 08/09/1996	3a. Date	of Last R	eport	
2. Principal P	lace of Business	2a. Mailing Address	ka			4. FEI Number 59-3399665	_l		pplied For ot Applicable	
Sulte, Apt.		Suite, Apt. #, etc.	27]			5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired	
City & State		City & State	28			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	to Fees	
Zip 24	Country 25	Z(p)	30	iniry.		8. This corporation has liability for in Florida Statutes 10. Name and Address of New Re	Yes 🔲	Vo.	. 199.032,	
g. Name and Address of Current Registered Agent OLSEN, RICHARD S 26224 LAKE LINDSEY RD.				81	Name	10, Name and Address of New Ne	Ristolen WA			
				82	Street Add	ress (P.O. Box Number is Not Acceptate	ole)			
BROOKSVILLE FL 34801						ress (r.O. bux Number is Not Acceptable)				
				83						
				84	City		FL	35 Zip (Code	
11. Pursuant office or reagent. I a	to the provisions of Sections 607 056 egistered agent, or both, in the State in familiar with, and accept the oblig	02 and 607.1508, Florida Stat e of Florida Such change was gations of, Section 607.0505, I	utes, the a s authorize Florida Sta	bovo d by tutos	e-named corp the corporat	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of ch of the appoin	anging its tment as	s registered registered	
	Signature, typed or punted name of registered as			d Age	nt signature requi	red when resistating)	DATE	· · · ·	·	
12.	OFFICERS AN	ID DIRECTORS DELETE	13.		Г'''	ADDITIONS/CHANGES TO OFFIC	·	RECTOR Change	S IN 12 Addition	
NAME	OLOFAL BIOLIAND O			1.1 TITLE 1.2 NAME			L.,	Ollange	L_J AQUILION	
STREET ADDRESS	26224 LAKE LINDSEY RD.				ADDRESS					
CITY-ST-ZIP	BROOKSVILLE FL 34601			11 Y - S						
TITLE		☐ DELETE	211					Change	☐ Addit:on	
NAME	i .		22 N	AM:						
STREET ADDRESS			235	TREE I	ADDRESS					
CITY-ST-ZIP					ST - ZIP					
TITLE		DELETE	3111					Change	☐ Addition	
NAME			3 2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE		DELETE	3.4. C		ST - ZIP			Change	Addition	
NAME			4.28					Onungo		
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				INEET INV-S						
TITLE		DELETE	5.1 TI		- 4"			Change	Addition	
NAME			52 N					•		
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				ITY-S					Ì	
TITLE		DELETE	6.111					Change	Addition	

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 eath; 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.

6.2 NAME

NAME

STREET ADDRESS

-2/12/97

FILED

Mar 19 1997 8:00am

Secretary of State