Applied For

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable \$8.75 Additional

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**

DOCUMENT # P96000067049

Country

Suite, Apt. #, etc.

City & State

22

23

COUNTRYSIDE ENGINEERING, INC.						
Principal Place of Business	Mailing Address					
26224 LAKE LINDSEY RD. BROOKSVILLE FL 34601	26224 LAKE LINDSEY RD. BROOKSVILLE FL 34601					
2. Principal Place of Business	2a. Mailing Address					
21	26					

27

Suite, Apt. #, etc.

City & State

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90021 006 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

6. Election Campaign Financing Trust Fund Contribution

8. This corporation owes the current year Intangible

08/09/1996 4. FEI Number

59-3399665

4	25 29	30			Personal Property Tax.			
	9. Name and Address of Current Registered Agent		Ļ		10. Name and Address of New Registered Agent			
			81	Name				
OLSEN, RICHARD S				2 Street Address (P.O. Box Number is Not Acceptable)				
26224 LAKE LINDSEY RD. BROOKSVILLE FL 34601			82	Street Address (1.0. Box Hamber is Not Acceptable)				
			83					
						7:- 0-1:		
	•		84	City	FL 85	Zip Code		
11 Pursuant	to the provisions of Sections 607.0502 and 607.1508, Florida	Statutes-the	above	-named come	oration submits this statement for the purpose of changi	ng its registered		
office or r	registered agent, or both, in the State of Florida. Such change im familiar with, and accept the obligations of, Section 607.050	was authorize	d by i	tne corporatio	on's board of directors. I hereby accept the appointment	as registered		
SIGNATURE					d when reinstating) DATE			
	Signature, typed or printed name of registered agent and title if applicable.	```		t signature required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTOPS IN 12		
12.	OFFICERS AND DIRECTORS Dele	13	TILE		ADDITIONS/CHANGES TO OFFICERS AND DIR			
TITLE	_					unge		
NAME	OLSEN, RICHARD S		1.2 NAME					
STREET ADDRESS	26224 LAKE LINDSEY RD.			ADDRESS				
CITY-ST-ZIP	BROOKSVILLE FL 34601		CITY-ST	r- ZIP		ange [] Addition		
TITLE	\ □ DELE		TITLE			alige [] Addition		
NAME		2.21	AME					
STREET ADDRESS		2.3	TREET	ADDRESS	والشعيات برواز المارات الماران الماران الماران الماران	ا پوسمان برور		
CĨTY-ST-ZIP	The state of the s		CITY-S	T-ZIP				
TITLE	☐ DELE	3.1 ·	MLE		. C	nange 🗌 Addition		
NAME		3.21	VAME					
STREET ADDRESS		3.3	STREET	ADDRESS	<u>-</u>			
CITY-ST-ZIP			CITY-S	T-ZIP	***			
TITLE	, DELI	TE 4,1	ΠLE			nange 🔲 Addition		
NAME		4. 2	NAME					
STREET ADDRESS		4.3	STREET	ADDRESS				
CITY-ST-ZIP		4.4 (CITY-ST	r-ZIP				
TITLE	☐ DELETE 5.1		IITLE		_ Ct	ange		
NAME	•	5.21	AME					
STREET ADDRESS		5.3	STREET	ADDRESS				
CITY+ST-ZIP		5.4 (CITY-ST	r-ZIP		_		
TITLE	□ DELE	TE 6.1	ITLE		□ CI	ange 🔲 Addition		
NAME		6.2	VAME					
STREET ADDRESS		6.3	STREET	ADDRESS				
CITY-ST-ZIP		6.4	CITY-ST	r-ZIP				
14. I hereby o	I certify that the information supplied with this filing does not qui			I .	Section 119.07(3)(i), Florida Statutes. I further certify tha	t the information		

Country

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:

352-544-5627 Daytime Phone #