

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90039 025 ***150.00

DOCUMENT # P97000029221

1. Corporation Name

TOWN & COUNTRY ENTERPRISES INC.

Principal Place of Business

41 W. MAGNOLIA
ARCADIA FL 34266

Mailing Address

1024 SOUTH HILLSBORO AVENUE
ARCADIA FL 34266

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1997

4. FEI Number

59-3435554

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 41 West Magnolia St.

Suite, Apt. #, etc.

22 #

23 City & State
Arcadia, Fl.

24 Zip Country
34266 DE Soto

2a. Mailing Address

26 1024 S. Hillsborough

Suite, Apt. #, etc.

27

28 City & State
Arcadia, Fl.

29 Zip Country
34266 DE Soto

9. Name and Address of Current Registered Agent

BLANTHORN, SUSAN
1024 SOUTH HILLSBORO AVENUE
ARCADIA FL 34266

10. Name and Address of New Registered Agent

81 Name Connie Hillenberg

82 Street Address (P.O. Box Number is Not Acceptable)
4725 Willowood Dr.

83

84 City Punta Gorda, FL

85 Zip Code

33982

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

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

Connie L. Hillenberg
(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BLANTHORN, SUSAN
STREET ADDRESS 1024 S HILLBOROUGH AVE
CITY-ST-ZIP ARCADIA FL 34266

TITLE STD ☐ DELETE

NAME BLANTHORN, FREDERICK A
STREET ADDRESS 1024 S HILLBOROUGH AVE
CITY-ST-ZIP ARCADIA FL 34266

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Susan Blanthorn
Signature and typed or printed name of signing officer or director

Date

4-27-99

Daytime Phone #

CR2E034 (1/98)