## 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 # P9700066805

1. Corporation Name

COUNTRY PARADISE PROPERTIES, INC.

Principal Place of Business Mailing Address								
1860-C ISHERWOOD TERRACE ST AUGUSTINE FL 32092		1860-C ISHERWOOD TERRACE ST AUGUSTINE FL 32092	Ē				0.004.05	
					DO NOT WRI	IE IN IHIS	S SPACE	<del></del>
					3, Date Incorporated or Qualifed			
		<u> </u>			07/30/1997 4. FEI Number			-lind For
2. Principal Pl	lace of Business : .	2a. Mailing Address	• • • •					plied For
21		26			59-3461152			t Applicable
Suite, Apt.:	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	<b>S</b>	\$8.75 A Fee Rec	
City & State	9 ,	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the curr	ent year ir		_
24	25	29 30	0		Personal Property Tax.			□No
	9. Name and Address of Current	Registered Agent		·	10. Name and Address of New I	Registered	1 Agent	
	·		81	Name				
MILLER, PEGGY M 1860-C ISHERWOOD TERRACE			82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	UGUSTINE FL 32092		83			**	·	<del> </del>
31 A	00001INL 1 L 02092		63					, , , , , ,
			84	City		FI	85 Zip C	ode
SIGNATURE	Signature, typed or printed name of registered agent a OFFICERS AND		13.	t signature require	d when reinstating) ADDITIONS/CHANGES TO OF	FICERS A		
TITLE	P DELETE		1.1 TITLE		•		☐ Change	Addition
NAME .	MILLER, FRED R		1.2 NAME					
STREET ADDRESS	1860-A ISHERWOOD TERRACE 138		1.3 STREET	T ADDRESS				
CITY-ST-ZIP	ST AUGUSTINE FL 32092 1.4 C		1.4 CITY-S	T-ZIP				
TITLE			2.1 TITLE				Change	Addition
NAME			2.2 NAME					
STREET ADDRESS	AND A MILEDINGOD TERRAPE		2.3 STREET ADDRESS					•
CITY-ST-ZIP	ST AUGUSTINE FL 32092		2. 4 CITY-ST-ZIP					
TITLE	VP	DELETE	3.1 TITLE	.,			Change	☐ Addition
NAME	MILLER, MICHAEL S		3.2 NAME		•			
STREET ADDRESS			3.3 STREE	T ADDRESS				;
CITY-ST-ZIP			3.4. CITY-ST-ZIP				<u>.</u>	<u> </u>
TITLE	VP	☐ DELETE 4.11					☐ Change	Addition
NAME.	MITCHEM, SHERRY R		4. 2 NAME		•			
STREET ADDRESS	1860-A ISHERWOOD TERRACE		4.3 STREE	T ADDRESS				
CITY-ST-ZIP	ST AUGUSTINE FL 32092 4.4C		4.4 CITY-S	T-ZIP				
TITLE	VP	☐ DELETE	5.1 TITLE		-		☐ Change	☐ Addition
NAME	MILLER, DAVID A		5.2 NAME					
STREET ADDRESS	1860-A ISHERWOOD TERRACE		5.3 STREE	T ADDRESS				
CITY-ST-ZIP ST AUGUSTINE FL 32092			5.4 CITY-S	T-ZIP				
TITLE .	DELETE 6.1		6.1 TITLE				Change	☐ Addition
NAME	Ballion of the second		6.2 NAME					

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 it changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

STREET ADDRESS

1/6/99

(904)824-0896

**FILED** 

Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90032 005 \*\*\*158.75