

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 # P98000021504

1. Corporation Name
COUNTRY OF ORIGIN, INC.

Principal Place of Business
**4666 TAMWORTH DR.
PALM HARBOR FL 34685**

Mailing Address
**4666 TAMWORTH DR.
PALM HARBOR FL 34685**

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90048 006 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/05/1998

4. FEI Number
59-3498230 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 **SLR**

2. Principal Place of Business

21 **156 DOUGLAS RD E**

Suite, Apt. #, etc.

22 **OLDSMAR FL**

City & State

23 **34677 PINELLAS**

Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 **FL**

City & State

28 **34677 PINELLAS**

Zip Country

9. Name and Address of Current Registered Agent

**RIZZO, CHARLES J
4666 TAMWORTH DR.
PALM HARBOR FL 34685**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D RIZZO, SANDRA L**
STREET ADDRESS **4666 TAMWORTH DR.**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE ☐ DELETE
NAME **D RIZZO, CHARLES J**
STREET ADDRESS **4666 TAMWORTH DR.**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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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: **Sandra L Rizzo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99 (813) 891-9678
Date Daytime Phone #

CR2E034 (11/98)