PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000083289

COUNTRY HERITAGE, INC.

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90061 042 ***150.00



Principal Place of Business Mailing Address							
1313 RIDGEWOOD AVENUE		131	1313 RIDGEWOOD AVENUE				
HOLLY HILL FL 32117		HOLLY HILL FL 32117					DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed	
	·						00/05/4000
2. Principal Place of Business 2			2a, Mailing Address				1, FEI Number Applied For Not Applied For Not Applied For
21 26			Ť				59-3535 218 Not Applicable
Suite, Apt. #, etc.		1-01	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22			· · · · · · · · · · · · · · · · · · ·				5. Certificate of status Desired Fee Required
			City & State	& State			==6; Election Campaign Financing \$5.00 May Be
23 28			-				Trust Fund Contribution Added to Fees
Zip Country			Zip Country				8, This corporation owes the current year Intangible Personal Property Tax
			30				Personal Property Tax. Yes LNo 10. Name and Address of New Registered Agent
	9. Name and Address of Current	Regis	tered Agent		81	Name	10. Name and Address of New Registered Agent
ARRI	ETA, MELINDA P						
1313 RIDGEWOOD AVENUE			-		82 Street Addre		ress (P.O. Box Number is Not Acceptable)
HOLLY HILL FL 32117					83		
				j	84	City	FL 85 Zip Code
44 Pursuant	to the provisions of Sections 607 0502	and 6	07 1508 Florida Statutes	the al	oove	-named corr	poration 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 nereby 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 i	f applicable. (NOTE: Re	gistered	Agen	t signature require	ed when reinstating) DATE
12.	OFFICERS AND	DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		☐ DELETE	1.1 TIT	ΓE		☐ Change ☐ Addition
NAME	ARRIETA, JUAN C	•		1.2 NA	WE] [
STREET ADDRESS	1313 RIDGEWOOD AVENUE			1.3 ST	REET	ADDRESS	Ì
CITY-ST-ZIP	HOLLY HILL FL 32117		1.4 CITY-ST-ZIP		r-ZIP		
TITLE	D		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	ARRIETA, MELINDA P			2.2 NA	ME	}	
STREET ADDRESS	1313 RIDGEWOOD AVENUE		2.3 STREET ADDRESS		ADDRESS		
CiTY-ST-ZiP	HOLLY HILL FL 32117		2.4 CITY-ST-ZIP		T-ZIP	Change Addition	
TITLE			DELETE	3.1 TIT			Change Addition
NAME				3.2 NA			
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP			□ DELETE	3,4, C		1-ZIP	Change Addition
TITLE			ET DETELL	4,1 (1)			
NAME:						ADDDECE	
STREET ADDRESS				4.3 ST		ADDRESS	
CITY-ST-ZIP TITLE			☐ DELETE	5.1 TIT		1-714	☐ Change ☐ Addition
NAME				5.2 NA]	- • -
STREET ADDRESS						ADDRESS	
				5.4 CI			
CITY-ST-ZIP TITLE			☐ DELETE	6.1 717	1E		☐ Change ☐ Addition
NAME				6.2 NA	ME		
STREET ADDRESS	·			6.3 ST	REET	ADDRESS	
CITY-ST-ZIP				6.4 CI	TY-\$1	Γ- 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.

NAME OF SIGNING OFFICER OR DIRECTOR