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 Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90132 007 ***150.00

DOCUMENT # P98000099215

Corporation Name

COUNTRYSIDE MOBILE HOME SALES, INC.

Princ	cipal	Place	of Busi	iness

Mailing Address

3830 N.W. WIRE ROAD (US 441 NORTH) OCALA FL 34475 3830 N.W. WIRE ROAD (US 441 NORTH)



OONEN IE 377		OUNCE TE STATE				DO NOT WRITE IN THIS SPACE						
						3. Date Incorporated or Qualified 11/25/1998						
2. Principal P	2. Principal Place of Business FL 344 72. Mailing Addres 880N. 3880N.US HWY441, 6CALA 26 OCALA, FL 3447				441	4. FEI Number			pplied For			
3880N	LUS HWY441,OCALA	26 OCALA, FL. 344		_		59-3544156		_ N	lot Applicable			
Suite, Apt.	June, Apr. #, etc.			·-		5.: Certifcate of Status Desired		•	Additional lequired			
	City & State City & State				6. Election Campaign Financing \$5.			\$5.00	May Be			
23		28				Trust Fund Contribution	<u> </u>	Added	to Fees			
Zip	Country	Zíp	Count	ry		8. This corporation owes the currer	nt year Inta	ingible]			
24	25	29 30	<u> </u>			Personal Property Tax.		Yes	□No			
	9. Name and Address of Current I	Registered Agent				10. Name and Address of New Registered Agent						
			8	1 Name	VTN	IDED TACK CD						
l	DER, JACK SR.	8	2 Street		NDER, JACK SR. ss (P.O. Box Number is Not Acceptable)							
3830 N.W. WIRE ROAD (US 441 NORTH) OCALA FL 34475						8.0 N. US. HWY. 44.1						
					OCALA,FL.34475							
		8	4 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												
12.	Signature, typed or printed name of registered agent an OFFICERS AND		distered Ag	ent signature r	required w	hen reinstating) ADDITIONS/CHANGES TO OFFI	DATE ICERS AND	DIRECT	ORS IN 12			
TITLE	D OFFICERS AND	□ DELETE	1.1 TITLE		T	ADDITIONOS OF ARCES TO GITT	OCINO AIRE	Change	Addition			
NAME	KINDER, JACK SR.		12 NAME		ł			3				
AAAA ALAH MAREE BOAD (LIO AAA MOOTH))				· ET ADDRESS `					ł			
50414 EL 0447E			1.4 CITY-						}			
CITY-ST-ZIP	OCALA I L SHITS	□ DELETE	2.1 TITLE			<u>-</u>		☐ Change	Addition			
NAME			2.2 NAME		1							
				ET ADDRESS								
			2.4 CITY-									
TITLE		☐ DELETE	3.1 TITLE		 			Change	Addition			
mice			3.1 THE		l							

DELETE ☐ Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition TITLE □ DELETE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4.2 NAME

□ DELETE

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 trastee 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:

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

lale the Constant

JANUARY 25,1999

352-622-2460

☐ Change

☐ Addition

:R2E034 (11/98)