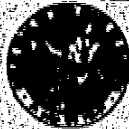


FILE NOW: FILING FEE AFTER MAY 1 IS \$3.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mo
Secretary of
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 19 AM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S38520

(0)

1. Corporation Name

J AND E COUNTRYSIDE, INC.

Principal Place of Business

1645 PATRICIA AVENUE
DUNEDIN FL 34098

Mailing Address

1645 PATRICIA AVENUE
DUNEDIN FL 34098

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1991

5a. Date of Last Report

03/29/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

50-3068865

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

City

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

M.Z.H.J. REGISTERED AGENT CORP.
100 S.E. 2ND ST.
28TH FLOOR
MIAMI FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab-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 date if applicable.

(NOTE: Registered agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

NAME

FLORES, JESSE H.

STREET ADDRESS

1645 PATRICIA AVE

CITY - ST - ZIP

DUNEDIN FL

1.1E

☐ Change

☐ Addition

1.2E

1.3E STREET ADDRESS

1.4E CITY - ST - ZIP

2.1E

2.2E

2.3E STREET ADDRESS

2.4E CITY - ST - ZIP

☐ Change

☐ Addition

3.1E

3.2E

3.3E STREET ADDRESS

3.4E CITY - ST - ZIP

☐ Change

☐ Addition

4.1E

4.2E

4.3E STREET ADDRESS

4.4E CITY - ST - ZIP

☐ Change

☐ Addition

5.1E

5.2E

5.3E STREET ADDRESS

5.4E CITY - ST - ZIP

☐ Change

☐ Addition

6.1E

6.2E

6.3E STREET ADDRESS

6.4E CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/95 (FIS) 733-3737