## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

**COUNTRY LIFE STYLES, INC.** 

Apr 16 1998 8:00an	1
Secretary of State	

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Principal Place of Business  8282 COUNTY ROAD 136 LIVE OAK FL 32060 US  DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified 03/30/1992  4. FEI Number 03/30/1992  5. Principal Place of Business 26. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 27. City & State 28. Election Campaign Financing 28. Trust Fund Contribution 29. Trust Fund Contribution 29. Name and Address of Current Registered Agent  STEVENS, ELIZABETH 8325 COUNTY ROAD 138 LIVE OAK FL 32060  Mailing Address  DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified 03/30/1992  4. FEI Number Applied For Not Appl
UVE OAK FL 32060 US  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 03/30/1992 4. FEI Number Per Required  Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Suite, Apt. #, etc. B. Election Campaign Financing Trust Fund Contribution Response or has paid the current year intangible Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  STEVENS, ELIZABETH 8325 COUNTY ROAD 136 LIVE OAK FL 32080  DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified O3/30/1992 4. FEI Number 59-31 19790 Not Applied For Struct Fund Contribution Struct Fund Contribution Response or New Registered Agent Name 81 Name 82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)
DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  03/30/1992  4. FEI Number Applied For  Solite, Apt. #, etc.  Solite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  STEVENS, ELIZABETH  8325 COUNTY ROAD 136  LIVE OAK FL 32080
3. Date Incorporated or Qualified 03/30/1992 2. Principal Place of Business 28. Mailing Address 26. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. City & State City & State City & State Zip
O3/30/1992  Principal Place of Business  2a. Mailing Address 4. FEI Number 59-31 19790 Not Applied For Not App
28. Mailing Address 26 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State  City & State  Country 25 29 30 Personal Property Tax due June 30. Yes No  9, Name and Address of Current Registered Agent  STEVENS, ELIZABETH 8325 OOUNTY ROAD 136 LIVE OAK FL 32060  Applied For Not Applied For No
Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Street Address of New Registered Agent  STEVENS, ELIZABETH  S325 COUNTY ROAD 136  UVE OAK FL 32060  R4 City  Zip Code
Suite, Apt. #, etc.    Suite, Apt. #, etc.
City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  B, This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  Personal Property Tax due June 30. Yes No  REVENS, ELIZABETH  8325 OOUNTY ROAD 136  LIVE OAK FL 32060  Reveral Address (P.O. Box Number is Not Acceptable)  Reveral Address (P.O. Box Number is Not Acceptable)  Reveral Address (P.O. Box Number is Not Acceptable)
City & State    City & State     City & State
Zip Country Zip Country 8, This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No 9, Name and Address of Current Registered Agent STEVENS, ELIZABETH 8325 OOUNTY ROAD 136 LIVE OAK FL 32060 81 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83
25 29 30 Personal Property Tax due June 30. Yes No  9, Name and Address of Current Registered Agent  STEVENS, ELIZABETH  8325 OOUNTY ROAD 136  LIVE OAK FL 32060  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83 Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent  84 City
g, Name and Address of Current Registered Agent  STEVENS, ELIZABETH  8325 OOUNTY ROAD 136  LIVE OAK FL 32060  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City
STEVENS, ELIZABETH 8325 OOUNTY ROAD 136 LIVE OAK FL 32060  81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83
8325 OOUNTY ROAD 136 LIVE OAK FL 32060  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)
LIVE OAK FL 32060  83  84 City
83
84 City FL 85 Zip Code
84   City   FL   85   Zip Code
1. 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 pratted name of registered agent and tree if applicable (NOTE: Registered Agent a gnature required when reinstating) DATE
2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TILE PVTS DELETE 1.1 TITLE Change Addition
IAME STEVENS, ELIZABETH  1.2 NAME  1.3 STREET ADDRESS  1.3 STREET ADDRESS
LRIP DAY CI
1.4 CITY - ST - ZIP
AME 2.2 NAME
TREET ADDRESS 2.3 STREET ADDRESS
2.3 STRECT ADDICES 2.4 CITY-ST-ZIP
TILE DELETE 3.1 TITLE Change Addition
3.2 NAME
TREET ADDRESS 3.3 STREET ADDRESS
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TLE DELETE 4.1 TITLE Change Addition
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☐ DELETE 5.1 TITLE ☐ Change ☐ Addition
AME 52 NAME
TREET ADDRESS 5.3 STREET ADDRESS
TTY-ST-ZIP 54 CITY-ST-ZIP
TILE DELETE 6.1 TITLE Change Addition
AME 62 NAME
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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.