FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # 1. Corporation Name V73451

(9)

COUNTRY FENCES, INC.



Principal Place of Business Mailing Address						a redai dandur abada diest dirak dirak	HUL BIDG DI	in Bond Midit	A1811 B1011 1001	
641 PINE HOLLOW LN WEST PALM BEACH FL 33413			641 PINE HOLLOW LN WEST PALM BEACH FL 33413							
						3. Date Incorporated or Qualified 10/20/1992	1	e of Last R	., .	1
2. Principal Pla 21	ace of Business	2a. Mailing Address 26	1			4. FEI Number	Applied For			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			65-0373687			Not Applicable Additional	-
		27				5. Certificate of Status Desired			Required	
City & State	<u>:</u>	Orty & State	n '			6. Election Campaign Financing Trust Fund Contribution			O May Be d to Fees	
Zip	Country	Ζφ	Zip Country			8. This corporation has liability for i	ntangible t			1
24	25	29				Florida Statutes 🔀 Yes 🗌 No				
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New R	egistered	Agent		_[
				81 N	lame					
	ELL, ALLAN B. E HOLLOW LN		}	82 S	Street Addre	dress (P.O. Box Number is Not Acceptable)				1
	ALM BEACH FL 33413		}	вз				1		
			-	B4 C	Dity		FL	85 Zij	p Code	-
11. Pursuant t	o the provisions of Sections 607.0502	2 and 607, 1508, Florida Statute	es, the abov	e nan	ed comora	ition submits this statement for the pur	noon of all	ongine ite -	pointared office	-
	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect			orpora	tion's board	d of directors. Thereby accept the appoint	ontment as	registered	agent. I am	
SIGNATURE .	Stgnature, typens or printed name of registered aper t	band Storit approvise at 11	III. Basistone: A	A new Sun	erah menyampan di	when remstatings	DA*t			
12.		D DIRECTORS	13.	efte it suit	e at the let have.	ADDITIONS/CHANGES TO OFF		DIRECTO	0RS IN 12	નહિ
TITLE	DP DELFIE			1 1 TITLE				Change	Addition	45
NAME	Campbell, allan B.		12 NAM	12 NAME				_ ,	_	CR2E034 (12/95)
STREET ADDRESS	614 PINE HOLLOW LN		1.3 STREET ADDRESS		DRESS					
CITY-ST-ZIP	WEST PALM BEACH FL			Y · ST - ZI	IP.					22
THILE	VP □ DELE		2 1 MILE]	Change	Addition	10
NAME	QUARITERE, ANTHONY		2.2 NAN	ΑE						
STREET ADDRESS	68 DAYTON RD.		2.3 STR	FFT ADD	PRESS					
CITY-S1-ZIP	LAKE WORTH FL	P 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		f - Sr - ZI	P	W. dan				
TITLE		DELETE	3 1 HITLE				[Change	Addition	
NAME .			3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP TITLE		☐ DELETE	3.4 City - ST - ZiP 4.1 T/TLE					7 (55555	F-1 4 4 200	-
NAME				4 2 NAME			ı	Change	Addition	
STREET ADDRESS	DRESS			4.3 STREET ADDRESS						
CITY+\$T-ZiP				(-ST-Z0	- 1					
TITLE		☐ DELE1E	5 1 TiT		'			Change	Addition	{
NAME			5.2 NAN					gv		
STREET ADDRESS	T ADDRESS		5 3 STREET ADDRESS		RESS					Ì
CITY-ST-ZIP			5.4 CITY - ST - ZIP		Р					
TITLE		DELETE	6 1 I (T				[Change	☐ Addition	1
NAME			6.2 NAME							
STREET ADORESS			6381	OCA 133	RESS					
CITY-ST-ZIP			6.4 CI V - ST - ZIP							
14. I do hereby	certify that the information supplied in	with this filing is voluntarily form	ished and b	oes no	at qualify for	the exemption stated in Section 1197	17/33/k) Ele	rida Statut	oc I further	1

roughleady early that the information indicated on this annual report or supplemental and poes not quality 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 of 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 further employees of 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 only in attachment with an address.

SIGNATURE: CLOUB SUPER PRINTED NAME OF SIGNING OFFICER OR DIRECT ALLAN B CAMPBELL

4/10/96 407-798-6777