

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 17 PM 2:57

DOCUMENT # S20910 (3)

1. Corporation Name
CROWN RIDGE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1218 HWY 27 S
LAKE WALES FL 33853

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LAKE WALES FL 33853

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/17/1990

3a. Date of Last Report
04/11/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3039504

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WELBORN, CHARLES P., JR
1220 HIGHWAY 27 SOUTH
LAKE WALES FL 33841

81 Name

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

83

84 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

Charles P. Welborn, Jr.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WELBORN, CHARLES P.
STREET ADDRESS 1220 US HIGHWAY 27 SOUTH
CITY - ST - ZIP LAKE WALES FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME TD WOLFORD, AARON
1.3 STREET ADDRESS 1222 US HWY 27 SOUTH
1.4 CITY - ST - ZIP LAKE WALES FL

TITLE VD
NAME WELBORN, SUSAN L.
STREET ADDRESS 1220 US HWY 27 SOUTH
CITY - ST - ZIP LAKE WALES FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ~~TD~~
NAME ~~WOLFORD, AARON~~
STREET ADDRESS ~~1222 US HWY 27 SOUTH~~
CITY - ST - ZIP ~~LAKE WALES FL~~

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ~~TD~~
NAME ~~WOLFORD, AARON~~
STREET ADDRESS ~~1222 US HWY 27 SOUTH~~
CITY - ST - ZIP ~~LAKE WALES FL~~

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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 110.07(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:

Charles P. Welborn, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles P. Welborn, Jr.

DATE

Exemption Filing #

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