

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000051898 (3)

1. Corporation Name
CROWN CARE, INC.

Principal Place of Business

8132 SEMINOLE BLVD.
SEMINOLE FL 34642
US

Mailing Address

6924 122ND WAY NORTH
SEMINOLE FL 34642

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/23/1993
3a. Date of Last Report 05/01/1994

4. FEI Number 59-3205805
Applied For Not Applicable

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

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

8. Does corporation have liability for intangible tax under ☒ Yes ☐ No Florida Statutes

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

24 Zip

9. Name and Address of Current Registered Agent

BROWNING, PETER C
6924 122ND WAY NORTH
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

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 (3502) and 607 (1504) 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607 (902), Florida Statutes.

SIGNATURE

By Peter C. Browning, agent for the corporation

By Peter C. Browning, agent for the corporation

DATE

12. OFFICERS AND DIRECTORS

1. NAME P BROWNING, PETER C
2. STREET ADDRESS 6924 122ND WAY NORTH
3. CITY, STATE, ZIP SEMINOLE FL 34642
4. NAME V BROWNING, ELIZABETH H
5. STREET ADDRESS 6924 122ND WAY NORTH
6. CITY, STATE, ZIP SEMINOLE FL 34642
7. NAME
8. STREET ADDRESS
9. CITY, STATE, ZIP
10. NAME
11. STREET ADDRESS
12. CITY, STATE, ZIP
13. NAME
14. STREET ADDRESS
15. CITY, STATE, ZIP
16. NAME
17. STREET ADDRESS
18. CITY, STATE, ZIP
19. NAME
20. STREET ADDRESS
21. CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, STATE, ZIP
5. NAME ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY, STATE, ZIP
9. NAME ☐ Change ☐ Addition
10. NAME
11. STREET ADDRESS
12. CITY, STATE, ZIP
13. NAME ☐ Change ☐ Addition
14. NAME
15. STREET ADDRESS
16. CITY, STATE, ZIP
17. NAME ☐ Change ☐ Addition
18. NAME
19. STREET ADDRESS
20. CITY, STATE, ZIP
21. NAME ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY, STATE, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 139.07(6)(b), Florida Statutes. I further certify that the information is filed on this annual report or supplemental annual report as required 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 officer or director empowered to execute this report as required by Chapter 139, Florida Statutes, and that my name appears in Block 1, or Block 13, of this report. Certificate of filing with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

04-26-95

813-397 3776