

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **276336** (5)

1. Corporation Name
C. R. MELEAR CORPORATION



Principal Place of Business
**P O BOX 1647
WAUCHULA ROAD HIGHWAY #64
AVON PARK FL 33825**

Mailing Address
**P O BOX 1647
WAUCHULA ROAD HIGHWAY #64
AVON PARK FL 33825**

3. Date Incorporated or Qualified
12/10/1963

3a. Date of Last Report
04/11/1995

4. FEI Number
59-1064423

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**MELEAR, CARLTON
P O BOX 1647, WAUCHULA ROAD, HIGHWAY #64
AVON PARK FL 33825**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature (typed or printed name of registered agent for the filing)

(NOTE: Registered Agent Signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MELEAR, C R	
STREET ADDRESS	WAUCHULA ROAD, HWY 64	
CITY - ST - ZIP	AVON PARK FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WATKINS, DEBRA	
STREET ADDRESS	WAUCHULA ROAD, HWY 64	
CITY - ST - ZIP	AVON PARK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MELEAR, HENRETTA	
STREET ADDRESS	LAKE LOTELA DR.	
CITY - ST - ZIP	AVON PARK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WATKINS, THOMAS	
STREET ADDRESS	LAKE LOTELA DR	
CITY - ST - ZIP	AVON PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MELEAR, HENRETTA	
1.3 STREET ADDRESS	LAKE LOTELA DR.	
1.4 CITY - ST - ZIP	AVON PARK FL	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WATKINS, DEBRA	
2.3 STREET ADDRESS	WAUCHULA ROAD, HWY 64	
2.4 CITY - ST - ZIP	AVON PARK FL	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WATKINS, THOMAS C.	
3.3 STREET ADDRESS	WAUCHULA ROAD, HWY 64	
3.4 CITY - ST - ZIP	AVON PARK FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: THOMAS WATKINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

941-453-6114

CR2E034 (12/95)