

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

FILED

**Feb 26 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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 33826-1647**

3. Date Incorporated or Qualified: **12/10/1963**
3a. Date of Last Report: **04/30/1996**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip 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: **THOMAS S WATKINS**
82 Street Address (P.O. Box Number is Not Acceptable): **WAUCHULA ROAD, HWY 64**
83
84 City: **AVON PARK** 85 Zip Code: **FL 33825**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: *Thomas S Watkins*
Signature, typed or printed name of registered agent and the, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	MELEAR, C R
STREET ADDRESS	LAKE LOTELA DR
CITY - ST - ZIP	AVON PARK FL
TITLE	SD <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	TD <input type="checkbox"/> DELETE
NAME	WATKINS, THOMAS C
STREET ADDRESS	WAUCHULA ROAD HWY 64
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MELEAR, HENRETTA
3.3 STREET ADDRESS	LAKE LOTELA DR
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 checked="" type="checkbox"/> Addition
5.2 NAME	WATKINS, THOMAS S
5.3 STREET ADDRESS	WAUCHULA ROAD, HWY c\$
5.4 CITY - ST - ZIP	AVON PARK FL
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 S Watkins* **THOMAS S WATKINS** 2/5/97 941-4536114
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)