2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED **DOCUMENT # 276336** May 08, 2000 8:00 am Secretary of State 1. Entity Name C. R. MELEAR CORPORATION 05-08-2000 90047 026 ***150.00 Principal Place of Business Mailing Address P O BOX 1647 P O BOX 1647 WAUCHULA ROAD HIGHWAY #64 WAUCHULA ROAD HIGHWAY #64 AVON PARK FL 33825 AVON PARK FL 33826-1647 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1064423 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WATKINS, THOMAS S Street Address (P.O. Box Number is Not Acceptable) WAUCHULA RD, HWY 64 **AVON PARK FL 33825** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back). Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE WATKINS, THOMAS S NAME NAME STREET ADDRESS STREET ADDRESS WAUCHULA ROAD, HWY 64 CITY-ST-ZIP CITY-ST-ZIP AVON PARK FL ☐ Addition Change SD ☐ Delete TITLE NAME WATKINS, DEBRA NAME STREET ADDRESS STREET ADDRESS WAUCHULA ROAD, HWY 64 CITY-ST-ZIP CITY-ST-ZIP AVON PARK FL Addition Delete ----- Change TITLE MELEAR, HENRETTA NAME STREET ADDRESS STREET ADDRESS LAKE LOTELA DR. CITY-ST-ZIP CITY-ST-ZIP AVON PARK FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE WATKINS, THOMAS C NAME NAME STREET ADDRESS WAUCHULA ROAD HWY 64 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVON PARK FL** Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I 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 report or supplemental 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 11 or Block 12 if