

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 276336

FILED  
Apr 30, 2011  
Secretary of State

**Entity Name:** C. R. MELEAR CORPORATION

**Current Principal Place of Business:**

148 BARN 1 RD.  
ZOLFO SPRINGS, FL 33890

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1647  
AVON PARK, FL 33826

**New Mailing Address:**

**FEI Number:** 59-1064423

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WATKINS, THOMAS S  
148 BARN 1 RD.  
AVON PARK, FL 33825 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: WATKINS, THOMAS S  
Address: 531 LAKE LOTELA DR.  
City-St-Zip: AVON PARK, FL 33826

Title: SD  
Name: WATKINS, DEBRA  
Address: 531 LAKE LOTELA DR.  
City-St-Zip: AVON PARK, FL 33826

Title: PD  
Name: MELEAR, HENRETTA  
Address: 1145 LAKE LOTELA DR.  
City-St-Zip: AVON PARK, FL 33825

Title: TD  
Name: WATKINS, THOMAS C  
Address: WAUCHULA ROAD HWY 64  
City-St-Zip: AVON PARK, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS S. WATKINS

VD

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date