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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name 380305

(3)

C & R OF SPRING HILL, INC.

Principal	Place of	Business
14176	CORTEZ	BLVD.

Mailing Address

14176 CORTEZ BLVD.



BROOKSVILLE FL 34613	BROOKSVILLE FL 3461	13			
				3. Date Incorporated or Qualified 04/13/1971	3a. Date of Last Report 05/01/1995
2. Principal Place of Business	2a. Mailing Address	h	721.1	4. FEI Number	Applied For
Suite, Apt #, etc	26 14176 C	or rez	Diva	59-1325465	Not Applicable
22	Suite, Apt. #. etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			6. Election Campaign Financing	
23	28			Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Countr	у	8. This corporation has liability for in	****
24 25	29	30			□No
9, Name and Address of Current	Registered Agent			10. Name and Address of New Re	egistered Agent
		81	Name		
CALLOWAY, ROBERT W. 551 TRELLIS AVE. SPRING HILL FL 34613		83	Street Addr	ess (P.O. Box Number is Not Acceptable	e)
		83	<u> </u>		
OF FRIEND THEE PE 340 IS					
		84	,		FI 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 a	ind 607.1508, Florida Statute	s the above	named corpora	ation submits this statement for the purp	
or registered agent, or both, in the State of Flor do familiar with, and accept the obligations of, Sectio		ed by the con	poration's boar	d of directors. I hereby accept the appo-	intment as registered agent. Lan:
SIGNATURE Signature hyberolox printed han ellot registered agriculate					
12. OFFICERS AND		13.	sit signed as regioned	ADDITIONS/CHANGES TO OFFIC	DATE
TITLE P	DEVETE	1 ! TILE		ALDITIONS/CHANGES TO OFFIC	Change Addition
NAME CALLOWAY DONN E		1.2 NAME			
STREET ADDRESS 5378 NOCKLYN RD		1.3 STREE	I ADDRESS		
CITY-SI-ZIP BROOKSVILLE FL		1.4 CHY-	SI-ZIP		CERS AND DIRECTORS IN 12 Change Addition
FITLE S	☐ DEFE LF	2 1 Tift F			Change Addition
	CALLOWAY OPAL 2				
STREET ADDRESS 1202 TRELLIS AVE		2.3 SPRÉE	T ADDRESS		
CITY-ST-ZIP SPRING HILL FL	DC: FY:	2.4 CITY	ST ZIP		
NAME CALLOWAY ROBERT W	DELETE	3 1 TIT. E			Change Addition
STREET ADDRESS 1202 TELLIS AVE		3.2 NAME			
CITY-S1-ZIP SPRING HILL FL		3.4 CITY	T ADDRESS		
TITLE	DELETE	4 1 7/1/16	21 - 515		Change Addition
NAME	beard .	4.2 NAME			Change Mudition
STREET ADDRESS			LADDRESS		
CiTY - ST - ZiP		4.4 CITY -			
TITLE	☐ DELETE	S 1 THTLE	 -		Change Addition
NAME		5.2 NAME			_
STREET ADDRESS		5.3 STREE	SR3RDCA T		
CHY-ST-ZIP	-11-8	5.4 CITY - :	\$1 - 712		
TITLE	DELETE	6 1 TITLE			Change Addition
NAME CARGET ADDRESS		6.2 NAME			1
STREET ADDRESS		63 STREE	ì		
14. I do hereby certify that the information supplied with	h this filma is voluntarily furnic	6.4 CHY-5	51 - 718	r the according at a die Cost au 440.0	70

root letery determined the information supplied with this ring is vocuntary trinished and code not quality for the exemption space in Section 1.19 0/19/10, monoa challes. From each that the information indicated on this arrival report or suppliements 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 trusted 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 page litachment with an address.

SIGNATURE AND WHED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/96 (353)596-364/6