

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90064 023 \*\*\*150.00

DOCUMENT # 380305

1. Corporation Name  
C & R OF SPRING HILL, INC.

Principal Place of Business

14176 CORTEZ BLVD  
BROOKSVILLE FL 34613  
US

Mailing Address

14176 CORTEZ BLVD  
BROOKSVILLE FL 34613  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1971

4. FEI Number

59-1325465

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

9. Name and Address of Current Registered Agent

CALLOWAY, ROBERT W.  
551 TRELIS AVE.  
SPRING HILL FL 34613

10. Name and Address of New Registered Agent

81 Name Donn E Calloway  
82 Street Address (P.O. Box Number is Not Acceptable) 5378 Nocklyn Rd  
83 Brooksville FL 34609  
84 City FL 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 Donn E Calloway  
Signature, typed or printed name of registered agent and title, if applicable

Donn E Calloway 4-29-99  
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME P  
STREET ADDRESS CALLOWAY DONN E  
CITY-ST-ZIP 5378 NOCKLYN RD  
BROOKSVILLE FL

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS CALLOWAY OPAL  
CITY-ST-ZIP 1202 TRELIS AVE  
SPRING HILL FL

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS CALLOWAY ROBERT W  
CITY-ST-ZIP 1202 TELLIS AVE  
SPRING HILL FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME OPAL CALLOWAY  
2.3 STREET ADDRESS 5378 NOCKLYN RD  
2.4 CITY-ST-ZIP BROOKSVILLE FL 34609

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME Robert W Calloway  
3.3 STREET ADDRESS 5378 NOCKLYN RD  
3.4 CITY-ST-ZIP BROOKSVILLE FL 34609

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: Donn E Calloway 4-29-99 Donn E Calloway 3525963644  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)