

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 3:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 425741 (6)

1. Corporation Name

CROWN AND COMPANY CUSTOM HOME BUILDERS, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/11/1973	3a. Date of Last Report 04/01/1994
4. FEI Number 50-1475103	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	2a. Mailing Address
21. 1220 DOUGLAS AVE. SUITE 103 LONGWOOD FL 32779-5001 US	26. 1220 DOUGLAS AVE. SUITE 103 LONGWOOD FL 32779-5001 US
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	29. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**TAYLOR, DAREL G.
1220 DOUGLAS AVE., SUITE 103
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, SCOTT M.	1.2 NAME	
STREET ADDRESS	1220 DOUGLAS AVE., #103	1.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL	1.4 CITY - ST - ZIP	
TITLE	PS	2.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, DAREL G	2.2 NAME	
STREET ADDRESS	1220 DOUGLAS AVE., #103	2.3 STREET ADDRESS	
CITY - ST - ZIP	LONGWOOD FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Darel D Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-28-95
Date

147-774-1540
Telephone Number