

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 MAY -1 PM 1:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 429497 (1)

1. Corporation Name:
CREA BEAUCHAMP, INC.

Principal Place of Business: **703 SOUTH EVERS STREET
PLANT CITY FL 33566**
Mailing Address: **P. O. BOX 532
PLANT CITY FL 33564
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/29/1973**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1466225		Not Applicable	
State Apt # etc		State Apt # etc		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24		25	
City		City		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BEAUCHAMP, A C 703 SOUTH EVERS STREET PLANT CITY FL 33566				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			B5 Zip Code
				FL			

11. Pursuant to the provisions of Sections 607.0102 and 607.1908, 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 607.0501, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD BEAUCHAMP, JOHNNIE 703 S EVERS STREET PLANT CITY FL	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD BEAUCHAMP, SHIRLEY 703 S EVERS STREET PLANT CITY FL	12 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PD BEAUCHAMP, A C 703 S EVERS STREET PLANT CITY FL	13 STREET ADDRESS	Johnson, Shirley Beauchamp
CITY, ST, ZIP	V DAVIS, J. COLEMAN 2605 ROBIN DRIVE PLANT CITY FL	14 CITY, ST, ZIP	
TITLE		15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		16 NAME	
STREET ADDRESS		17 STREET ADDRESS	
CITY, ST, ZIP		18 CITY, ST, ZIP	
TITLE		19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		20 NAME	
STREET ADDRESS		21 STREET ADDRESS	
CITY, ST, ZIP		22 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.01(2)(b), Florida Statutes. I further certify that the information included in 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 this 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 of this report, or on an attached form with an address.

SIGNATURE: *Shirley B. Johnson* Shirley B. Johnson 4/27/95 813/754-3547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR