

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

**FILED**  
**Jun 17, 1999 8:00 am**  
**Secretary of State**

06-17-1999 90009 011 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT #** 476864 (4)

1. Corporation Name

CRESMATAN, INC.

Principal Place of Business

Mailing Address

550 St. Andrews Rd. 550 St. Andrews Rd.  
Winter Haven, FL. 33884 Winter Haven, FL 33884

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

5-23-75

4. FEI Number

Applied For

59-1597138

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

Lloyd C. LEEMIS  
550 St. Andrews Rd.  
Winter Haven, FL. 33884

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

Note change of address

83

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 *Lloyd C. Leemis*

6-10-99  
DATE

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

(NOTE: Registered Agent signature required when reinstating)

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD  
NAME Leemis, Lloyd C.  
STREET ADDRESS 550 St. Andrews Rd.  
CITY-ST-ZIP Winter Haven, FL. 33884

TITLE DST  
NAME Freeman, C. H.  
STREET ADDRESS 118 Sunset Point Lane  
CITY-ST-ZIP E. Palatka, FL. 32131

TITLE D  
NAME Maltby, Lee  
STREET ADDRESS 6 Casanova Rd.  
CITY-ST-ZIP St. Augustine, FL. 32084

TITLE DV  
NAME Maltby, Joe H.  
STREET ADDRESS 2000 Country Club Terrace  
CITY-ST-ZIP Palatka, FL. 32177

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

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

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: *Lloyd C. Leemis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-99 (941) 324-5730

Date

Daytime Phone #

CR2E034 (11/98)

June 10, 1999

577324-90009-11  
DOC # 476864

Division of Corporations  
Secretary of State  
Tallahassee, Fl.

Re: Corporate Annual Report

CRESMATAN, INC.

Attached find the 1999 Annual report for the above corporation. It was inadvertently delayed because the corporate office and the registered agent have both moved since the last report and the Post Office failed to forward the form to us from your office even though they had a change of address. You have my sincere apology. We are a small (four person) group with one piece of land as our sole reason for existence. Though classified "for profit", we have no income and hope to sell the property in the near future and shut down the corporation. I am enclosing my personal check for \$150.00 as our bank account currently does not provide adequately for this expenditure. I hope this will be acceptable to you.

Very truly yours,



Lloyd C. Leemis, Pres.  
550 St. Andrews Rd.  
Winter Haven, Fl. 33884

# NationsBank

NationsBank, N.A.  
Regional Center  
P.O. Box 31019  
Tampa, FL 33631-3019

577324-90009-11  
Doc # 476864

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## Account Reference Information

Account Number: 0044 3905 5035  
Tax ID Number: 59-1597138  
E 0 0 C Enclosures 1 67  
Statement Period 0241052  
05/01/99 through 05/31/99

CRESMATAN INC  
550 SAINT ANDREWS RD  
WINTER HAVEN FL 33884-1242

Customer Service:  
NationsBank, N.A.  
P.O. Box 25118  
Tampa, Florida 33622-5118  
1-800-628-5677 Telephone Banking

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## Business Economy Checking

### Account Summary Information

Statement Period	05/01/99 through 05/31/99	Statement Beginning Balance	104.95
Number of Deposits/Credits	0	Amount of Deposits/Credits	0.00
Number of Withdrawals/Debits	2	Amount of Withdrawals/Debits	80.00
Number of Deposited Items	0	Statement Ending Balance	24.95
Number of Enclosures	1	Average Ledger Balance	89.32
Number of Days in Cycle	31	Service Charge	15.00

### Withdrawals and Debits

#### Checks

Check Number	Amount	Date Posted	Bank Reference
204	65.00	05/25	813106040384535

#### Other Debits

Posted	Amount	Description	Bank Reference
05/28	15.00	Monthly Maintenance Fee	

### Daily Ledger Balances

Date	Balance	Date	Balance	Date	Balance
05/01	104.95	05/25	39.95	05/28	24.95