FILE NOW: FILING FEE AFTER MAY 1 IS $25.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **502273** **(6)**

1. Corporation Name

CENTRAL FLORIDA ELEVATOR CORPORATION

Principal Place of Business	Mailing Address
~~RT 1 BOX 1303~~ ~~MELROSE FL 32666-9707~~	~~RT 1 BOX 1303~~ ~~MELROSE FL 32666-9707~~

We do not get mail at this address.

2. Principal Place of Business	2a. Mailing Address
21 3415 NW 31 ST TERRACE	26 PO BOX 13301
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: GAINESVILLE FL	28 City & State: GAINESVILLE FL
24 Zip: 32605	29 Zip: 32604
25 Country: ALACHUA	30 Country: ALACHUA

3. Date Incorporated or Qualified: 04/30/1976

3a. Date of Last Report: 04/19/1995

4. FEI Number: 59-1666125 ☐ 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

9. Name and Address of Current Registered Agent

BARBOUR, BARBARA A.
~~ROUTE 1 BOX 1303~~
~~MELROSE FL~~

10. Name and Address of New Registered Agent

81 Name: BARBOUR, BARBARA A.
82 Street Address (P.O. Box Number is Not Acceptable): 3415 NW 31 ST TERRACE / MAILING ADDRESS PO BOX 13867 - 32604
83
84 City: GAINESVILLE **FL** 85 Zip Code: 32605

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: Barbara A. Barbour BARBARA A. BARBOUR 5-29-96
Signature, typed or printed name of registered agent and date

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BARBOUR, WESLEY G.	
STREET ADDRESS	~~S. R. 26, 2 MI. EAST~~	
CITY-ST-ZIP	~~MELROSE FL~~	
TITLE	S	☐ DELETE
NAME	BARBOUR, BARBARA A.	
STREET ADDRESS	~~S. R. 26, 2 MI. EAST~~	
CITY-ST-ZIP	~~MELROSE 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		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

DR 6/11/96

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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 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 added on an attachment with an address.

SIGNATURE: Barbara A. Barbour 4-25-96 352-372-9650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)