

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 721191 (5)

1. Corporation Name

CROWN OAKS, INC.



Principal Place of Business

Mailing Address

2180 PARK AVE. N  
SUITE 326  
WINTER PARK FL 32789  
US

2180 PARK AVE. N  
SUITE 326  
WINTER PARK FL 32789  
US

3. Date Incorporated or Qualified  
06/18/1971

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
59-2480919

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

10. Name and Address of New Registered Agent

MALCOM, THOMAS D  
2180 PARK AVE, N  
SUITE 326  
WINTER PARK FL 32789

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME              | STREET ADDRESS     | CITY - ST - ZIP | <input type="checkbox"/> DELETE     |
|-------|-------------------|--------------------|-----------------|-------------------------------------|
|       | JD STONE, BARI    | 216 CROWN OAKS WAY | LONGWOOD FL     | <input type="checkbox"/>            |
|       | D MYERS, DAVID    | 101 CROWN OAKS WAY | LONGWOOD FL     | <input checked="" type="checkbox"/> |
|       | PD RASSNICK, NEIL | 118 CROWN OAKS WAY | LONGWOOD FL     | <input checked="" type="checkbox"/> |
|       | SD VELA, ROBIN    | 214 CROWN OAKS WAY | LONGWOOD FL     | <input checked="" type="checkbox"/> |
|       | D WELCH, JEFFREY  | 110 CROWN OAKS WAY | LONGWOOD FL     | <input checked="" type="checkbox"/> |
|       |                   |                    |                 | <input type="checkbox"/>            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME              | STREET ADDRESS     | CITY - ST - ZIP       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|-------------------|--------------------|-----------------------|------------------------------------------------------------------------------|
| 5-0   |                   |                    |                       |                                                                              |
|       | JD EVANS, CARL D. | 117 CROWN OAKS WAY | LONGWOOD, FL 32779    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|       | PD HOWLAND, KEMP  | 216 CROWN OAKS WAY | LONGWOOD, FL 32779    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|       | D BLACK, KATHLEEN | 104 CROWN OAKS WAY | LONGWOOD, FL 32779    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|       | JD EVANS, PAT     | 117 CROWN OAKS WAY | WINTER PARK, FL 32779 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|       |                   |                    |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 April 1996

Daytime Phone #

407 647-2622

CR2E037 (12/95)