

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G37885 (2)**
1. Corporation Name
2813 HOLDING CO.



Principal Place of Business: **P O BOX 816 CRAWFORDVILLE FL 32326**
Mailing Address: **P O BOX 816 CRAWFORDVILLE FL 32326**

3. Date Incorporated or Qualified: **05/10/1983** 3a. Date of Last Report: **03/16/1995**
4. FEI Number: **59-2285537** 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: **21** State, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** State, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YOUNG, LEHARVE F., JR.
RT 5, BOX 2583
(3 MI. NORTH OF CRAWFORDVILLE ON HWY 319)
CRAWFORDVILLE FL. 32327**

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 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 607.0509, Florida Statutes.

SIGNATURE: _____ DATE: _____
(Signature and date of person who signed for the corporation) (Date of Agent signature required when changing)

12. OFFICERS AND DIRECTORS

1. TITLE	PSD	<input type="checkbox"/> DELETE
2. NAME	HARVEY, ELLSWORTH O.	
3. STREET ADDRESS	RT 3, BOX 88	
4. CITY, ST, ZIP	CRAWFORDVILLE FL	
5. TITLE	VTD	<input type="checkbox"/> DELETE
6. NAME	YOUNG, LEHARVE F., JR.	
7. STREET ADDRESS	RT 5, BOX 2583	
8. CITY, ST, ZIP	CRAWFORDVILLE FL.	
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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. But 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: _____ DATE: **1-31-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ DAY: **904 926 3333**

CR2E034 (12/95)