FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL 14 AM 11:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **H48603** **(5)**

1. Corporation Name

C.J. CROSS & ASSOCIATES, INC. OF FLORIDA

Principal Place of Business	Mailing Address
11595 KELLY RD SUITE 309 FT. MYERS FL 33908 US	11595 KELLY RD SUITE 309 FT. MYERS FL 33908 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1985	3a. Date of Last Report: 08/05/1994
4. FEI Number: 59-2509486	☐ 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 ineligible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21: 12130 Kelly GREENS BOND Sanibel Way	26: 12130 KELLY GREENS BOVD
22: Suite/Apt #, etc.: 100	27: Suite/Apt #, etc.: 100
23: City & State: FT. MYERS FL.	28: City & State: FT MYERS FL
24: Zip: 33908 25: County: USA	29: Zip: 33908 30: County: USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CROSS, CARVILLE J. 11595 KELLY RD SUITE 309 FT. MEYERS FL 33908	81 Name: CROSS, CARVILLE J 82 Street Address (P.O. Box Number is Not Acceptable): 12130 KELLY ~~SANDS WAY~~ GREENS BOVD 83: APT. 100 84 City: FT MYERS FL 85 Zip Code: 33908

11. Pursuant to the provisions of Section~~s~~ 607.0202 and ~~607.1605~~, 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. Each 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: X PRES 5/1/95
Signature, type or printed name of registered agent, and if applicable (NOTE: Registered Agent signature required when mandatory) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CROSS, CARVILLE J.	12 NAME	
STREET ADDRESS	~~12691 KELLY SANDS WAY~~ 12130 KELLY GREENS BOVD APT 100	13 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	CROSS, ANNE H.	22 NAME	
STREET ADDRESS	~~12691 KELLY SANDS WAY~~ 12130 KELLY GREENS BOVD APT. 100	23 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	24 CITY-ST-ZIP	
TITLE	AS	31 TITLE	☐ Change ☐ Addition
NAME	STERN, JERROLD S.	32 NAME	
STREET ADDRESS	3663 WEST GULF DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true 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 by attachment with an asterisk.

SIGNATURE: PRES 5/1/95 - 466-6223
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR — Date — Daytime Phone #

0322156 CP