

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

96 JAN 24 PM 2:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H87890 (0)

1. Corporation Name

CONNELL UNIT 9, INC.



Principal Place of Business

Mailing Address

% CHARLES A. BLACK  
1815 SE HWY 19 PO BOX 2020  
CRYSTAL RIVER FL 34423  
US

% CHARLES A. BLACK  
1815 SE HWY 19 PO BOX 2020  
CRYSTAL RIVER FL 34423  
US

3. Date Incorporated or Qualified  
12/03/1985

3a. Date of Last Report  
01/18/1995

2. Principal Place of Business

2a. Mailing Address

21 1130 N. CRESCENT DR.  
Suite, Apt. #, etc.

26 1130 N. CRESCENT DR.  
Suite, Apt. #, etc.

4. FEI Number  
59-2612060

Applied For  
Not Applicable

22 City & State  
23 CRYSTAL RIVER, FLA.  
24 Zip 34429 25 Country USA

27 City & State  
28 CRYSTAL RIVER, FLA.  
29 Zip 34429 30 Country USA

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

BLACK, CHARLES A.  
1815 SE HWY 19 PO BOX 2020  
CRYSTAL RIVER FL 34423

81 Name BLACK, CHARLES A.  
82 Street Address (P.O. Box Number is Not Acceptable)  
1130 N. CRESCENT DR.  
83  
84 City CRYSTAL RIVER, FL 85 Zip Code 34429

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 *Charles A. Black*

(NOTE: Registered Agent Signature required when reinstating)

1/19/96  
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	BLACK, CHARLES A.	1815 SE HWY 19, POB 2020	CRYSTAL RIVER FL, 34429
<input type="checkbox"/> DELETE			
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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\*\*\*200.00 \*\*\*200.00

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

SIGNATURE: *Charles A. Black*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96 (904) 795-3992  
Date Daytime Phone

CR2E034 (12/95)