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

APPROVED AND FILED
95 JUL -3 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J12789** **(0)**

1. Corporation Name
CHARLES J. GIVENS ORGANIZATION, INC.

Principal Place of Business	Mailing Address
~~N. BRINK, HOWARD~~ 242 N WESTMONTE DR ALTAMONTE SPRINGS FL 32714 US	~~W BRINK, HOWARD~~ 242 N WESTMONTE DR ALTAMONTA SPRINGS FL 32714 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/05/1986	08/05/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

4. FEI Number: 59-2674027 ☐ 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
~~BRINK, HOWARD~~ ~~242 N WESTMONTE DR~~ ~~ALTAMONTE SPRINGS FL 32714~~	81 Name: Mark T. Blake 82 Street Address (P.O. Box Number is Not Acceptable): 921 Douglas Ave. 83 84 City: Altamonte Springs FL 85 Zip Code: 32714

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 _____ 6/30/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	11 TITLE	P/D ☒ Change ☐ Addition
NAME	~~GIVENS, CHARLES J.~~	12 NAME	Avare, Maria
STREET ADDRESS	~~242 WESTMONTE DR~~	13 STREET ADDRESS	242 N' WESTMONTE DR
CITY-ST-ZIP	~~ALTAMONTE SPGS FL~~	14 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	~~ST~~	21 TITLE	☐ Change ☐ Addition
NAME	~~GIVENS, BONNIE L.~~	22 NAME	
STREET ADDRESS	~~242 N WESTMONTE DR~~	23 STREET ADDRESS	
CITY-ST-ZIP	~~ALTAMONTE SPGS. FL~~	24 CITY-ST-ZIP	
TITLE	~~V~~	31 TITLE	☐ Change ☐ Addition
NAME	~~BRINK, HOWARD~~	32 NAME	200001531132
STREET ADDRESS	~~242 N WESTMONTE DR~~	33 STREET ADDRESS	-07/06/95--01072--012
CITY-ST-ZIP	~~ALTAMONTE SPGS. FL~~	34 CITY-ST-ZIP	****225.00 ****225.00
TITLE	~~PD~~	41 TITLE	☐ Change ☐ Addition
NAME	~~GIVENS, CHARLES J~~	42 NAME	
STREET ADDRESS	~~242 N WESTMONTE DR~~	43 STREET ADDRESS	
CITY-ST-ZIP	~~ALTAMONTE SPRINGS FL~~	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	TCS @ 7/3/95	63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 on an attachment with an address.

SIGNATURE: Maria Avare 6/23/95 407-774-3421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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