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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J55570** **(2)**

1. Corporation Name
CROSS TIMBERS CORP.

Principal Place of Business	Mailing Address
3285 PLACIDA ROAD SUITE A ENGLEWOOD FL 34224 US	3285 PLACIDA ROAD SUITE 1 ENGLEWOOD FL 34224 US

3. Date Incorporated or Qualified: 01/30/1987
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business
21: 2961 PLACIDA RD
22: Suite, Apt. #, etc.
23: City & State: ENGLEWOOD FL
24: Zip: 34224
25: Country: CHARLOTTE

2a. Mailing Address
26: 2961 PLACIDA RD
27: Suite, Apt. #, etc.
28: City & State: ENGLEWOOD, FL
29: Zip: 34224
30: Country: CHARLOTTE

4. FEI Number: 59-2761236 ☐ 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

KUGLER, MELVIN L.
1 CADDY RD
ROTONDA WEST FL 33947

245 SPORTSMAN RD
ROTONDA WEST, FL
33947

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 245 SPORTSMAN RD
83:
84 City: ROTONDA WEST FL 85 Zip Code: 33947

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: Mel Kugler MELVIN L KUGLER DATE: 4/16/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUGLER, MELVIN L. 1 CADDY RD ROTONDA WEST FL	☐ DELETE	1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 245 SPORTSMAN RD ROTONDA WEST, FL 33947
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUGLER, V. NORENE 1 CADDY RD ROTONDA WEST FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 245 SPORTSMAN RD ROTONDA WEST, FL 33947
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: Mel Kugler MELVIN L. KUGLER 4/16/96 941 697-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #