FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K62579** **(3)**

1. Current Name
CRAGO REALTY CORP.

Principal Place of Business
512 LAKE SHORE DR.
MAITLAND FL 32751

Mailing Address
512 LAKE SHORE DR.
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/31/1989**
3a. Date of Last Report: **09/22/1994**

2. Principal Place of Business
21

Suite, Apt. # or Rt.
22

City & State
23

Zip
24

County
25

2a. Mailing Address
26

Suite, Apt. # or Rt.
27

City & State
28

Zip
29

County
30

4. FEI Number
65-0100002
☐ 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. The corporation has family for indemnification under s. 607.0850, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CRAGO, JUDITH
512 LAKE SHORE DR.
MAITLAND FL 32751

10. Name and Address of New Registered Agent

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 Section 607.0501 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
1 TITLE	PD	1 TITLE	☐ Change ☐ Addition
1 NAME	CRAGO, JUDITH T	1 NAME	
1 STREET ADDRESS	512 LAKE SHORE DR.	1 STREET ADDRESS	
1 CITY-ST-ZIP	MAITLAND FL 32751	1 CITY-ST-ZIP	
2 TITLE		2 TITLE	☐ Change ☐ Addition
2 NAME		2 NAME	
2 STREET ADDRESS		2 STREET ADDRESS	
2 CITY-ST-ZIP		2 CITY-ST-ZIP	
3 TITLE		3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY-ST-ZIP		3 CITY-ST-ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY-ST-ZIP		4 CITY-ST-ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY-ST-ZIP		5 CITY-ST-ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I/We 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 report or supplemental 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 1 or Block 13 above or on an attachment with an asterisk.

SIGNATURE: Judith Crago
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95
Date

407-260-8669
Telephone #

0041523 CP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED

DOCUMENT # **K63465** **(4)**

1. Current Name

RON SHEPHERD PAINTING CONTRACTOR, INC.

Principal Place of Business	Mailing Address
4084 SUNRISE FARMS ROAD 1805 KILLARN CIRCLE MIDDLEBURG FL 32068	4804 SUNRISE FARMS ROAD 1805 KILLARN CIRCLE MIDDLEBURG FL 32068 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1989	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2929183	☐ 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
SHEPHERD, RONALD L. 4084 SUNRISE FARMS ROAD MIDDLEBURG FL 32068	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 Section 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: (If changing registered agent, this statement must be signed by the new registered agent.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	PD	TYPE	☐ Change ☐ Addition
NAME	SHEPHERD, RONALD L.	NAME	
STREET ADDRESS	4084 SUNRISE FARMS ROAD	STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	CITY-ST-ZIP	
TYPE	VD	TYPE	☐ Change ☐ Addition
NAME	SHEPHERD, RONALD L., JR.	NAME	
STREET ADDRESS	4048 SUNRISE FARMS ROAD	STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	CITY-ST-ZIP	
TYPE	TSD	TYPE	☐ Change ☐ Addition
NAME	SHEPHERD, MARY E.	NAME	
STREET ADDRESS	4084 SUNRISE FARMS ROAD	STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL	CITY-ST-ZIP	
TYPE	VD	TYPE	☐ Change ☐ Addition
NAME	DEAN, DANNY	NAME	
STREET ADDRESS	6110 SABRE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TYPE		TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TYPE		TYPE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is absolutely forthcoming 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 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 above, or on an attachment with an address.

SIGNATURE: Ronald L Shepherd Mary E Shepherd 5-1-95 372-3600
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0401042 FP