

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

1995 APR 26 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L71130

1. Corporation Name
SHIRLEY J CROWNSBERRY, INC

Principal Place of Business
**104 13th ST SE
WINTER HAVEN, FL
33880**

Mailing Address
**103 13th ST SE
WINTER HAVEN, FL
33880**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 5/7/90 3a. Date of Last Report 4/98

4. FEI Number 59-3016724 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

2. Principal Place of Business

2a. Mailing Address

21 104 13th ST SE

26 104 13th ST SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 WINTER HAVEN, FL

28 WINTER HAVEN, FL

Zip

Country

Zip

Country

24 33880

25 POLK

29 33880

30 POLK

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHIRLEY J CROWNSBERRY
104 13th ST SE
WINTER HAVEN, FL 33880**

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 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**PRESIDENT TREASURER
SHIRLEY J CROWNSBERRY
104 13th ST SE
WINTER HAVEN, FL 33880**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**SECRETARY
DAVID A JEDZINIAK
P.O. BOX 426 N/A
EOSTIS, FL 32726**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

☐ Change ☐ Addition

**10000146961
-04/27/95--01068--017
****200.00 ****200.00**

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

☐ Change ☐ Addition

4-26

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 110.07(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:

SHIRLEY J CROWNSBERRY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95
DATE

Signature Printed