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

DOCUMENT # **L89658** **(3)**

1. Corporation Name

C OF CORTEZ, INC.

Principal Place of Business

16208 CORTEZ BLVD.
BROOKSVILLE FL 34601
US

Mailing Address

P. O. BOX 10836
BROOKSVILLE FL 34601

2. Principal Place of Business
21

Street Address
22

City & State
23

Zip 24 Country 25

2a. Mailing Address
26

Street Address
27

City & State
28

Zip 29 Country 30

3. Date Incorporated or Qualified: **07/06/1990**

3a. Date of Last Report: **02/03/1995**

4. FEI Number: **59-3023279** ☐ 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

CRUM, MARSHALL
16208 CORTEZ BLVD.
BROOKSVILLE FL 34601

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 Sections 607.1006 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 Title	D	☐ DELETE	☐ Change ☐ Addition
2 Name	CRUM, MARSHALL		
3 Street Address	16208 CORTEZ BLVD.		
4 City-St-Zip	BROOKSVILLE FL		
5 Title	V	☐ DELETE	☐ Change ☐ Addition
6 Name	JOHNSON, BRUCE E.		
7 Street Address	3609 HARBOR VIEW CT.		
8 City-St-Zip	NEW PT. RICHEY FL		
9 Title		☐ DELETE	☐ Change ☐ Addition
10 Name			
11 Street Address			
12 City-St-Zip			
13 Title		☐ DELETE	☐ Change ☐ Addition
14 Name			
15 Street Address			
16 City-St-Zip			
17 Title		☐ DELETE	☐ Change ☐ Addition
18 Name			
19 Street Address			
20 City-St-Zip			
21 Title		☐ DELETE	☐ Change ☐ Addition
22 Name			
23 Street Address			
24 City-St-Zip			
25 Title		☐ DELETE	☐ Change ☐ Addition
26 Name			
27 Street Address			
28 City-St-Zip			

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)(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: Marshall E Crum 1-19-96 352-796-4638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

MARSHALL E CRUM Pres