

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

MAY - 1 AM 9:00

**DOCUMENT # N49966 (7)**

1. Corporation Name  
**CANAL POINT RENEWAL, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: **103 MAIN ST  
CANAL POINT HARDWARE  
CANAL POINT FL 33438**

Mailing Address: **103 MAIN ST  
P.O. BOX 40. N/A  
CANAL POINT FL 33438  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/21/1992**      3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0346427**      Applied For:       Not Applicable:

2. Principal Place of Business: **21**      2a. Mailing Address: **26**

Suite, Apt. #, etc: **22**      Suite, Apt. #, etc: **27**

City & State: **23**      City & State: **28**

Zip: **24**      Country: **25**      Zip: **29**      Country: **30**

5. Certificate of Status Desired:       **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:       **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:       **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**BRUNSON, ANITA  
103 MAIN ST  
CANAL POINT FL 33438**

10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City      **85** Zip Code

**FL**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed in printed type of registered agent and title of agent. (Print) Registered Agent signature required when necessary.

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>BRUNSON, ANITA</b>
STREET ADDRESS	<b>1903 MAIN STREET</b>
CITY, ST, ZIP	<b>CANAL POINT FL</b>
TITLE	<b>VD</b>
NAME	<b>TILLIS, TOM</b>
STREET ADDRESS	<b>125 FIRST STREET</b>
CITY, ST, ZIP	<b>CANAL POINT FL</b>
TITLE	<b>SD</b>
NAME	<b>THIGPEN, ANN</b>
STREET ADDRESS	<b>109 4TH STREET</b>
CITY, ST, ZIP	<b>CANAL POINT FL</b>
TITLE	<b>TD</b>
NAME	<b>ADAMS, FRANCES E.</b>
STREET ADDRESS	<b>1616 E. MAIN STREET</b>
CITY, ST, ZIP	<b>PAHOKEE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(b), 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 the report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anita Brunson*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR  
**ANITA BRUNSON**

4-24-95