FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000006176 (1)

1. Corporation Name
CRYSTAL STARS OF PLANT CITY, INC.

Principal Place of Business	Mailing Address
1607 MCLEOD DRIVE PLANT CITY FL 33566	1607 MCLEOD DRIVE PLANT CITY FL 33566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1994
3a. Date of Last Report:
4. FEI Number: 59-3295096 ☐ 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

ANDERSON, MICHAEL L
1607 MCLEOD DRIVE
PLANT CITY FL 33566

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 607.0502 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 or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, MICHAEL L	1.2 NAME		
STREET ADDRESS	1607 MCLEOD DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33566	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, DONNA H	2.2 NAME		
STREET ADDRESS	1607 MCLEOD DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33566	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	VICKERS, MERLYN	3.2 NAME		
STREET ADDRESS	405 S. HOWARD STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33566	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	HALLBACK, MINNIE L	4.2 NAME		
STREET ADDRESS	507 S. FRANKLIN STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33566	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	KING, GWENDOLYN V	5.2 NAME		
STREET ADDRESS	1309 LOUISIANA STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33566	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	GREEN, NORA	6.2 NAME	GRAY, REGINALD L	
STREET ADDRESS	1703 REYNOLDS STREET, #11	6.3 STREET ADDRESS	502 S FRANKLIN ST.	
CITY-ST-ZIP	PLANT CITY FL 33566	6.4 CITY-ST-ZIP	PLANT CITY, FLA. 33566	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael L. Anderson Michael L. ANDERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 (813)752-0917
Date Daytime Phone #

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