

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000006176 (1)

1. Corporation Name

CRYSTAL STARS OF PLANT CITY, INC.

Principal Place of Business

1607 MCLEOD DRIVE
PLANT CITY FL 33566

Mailing Address

1607 MCLEOD DRIVE
PLANT CITY FL 33566



3. Date Incorporated or Qualified

12/16/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3295096

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ANDERSON, MICHAEL L
STREET ADDRESS 1607 MCLEOD DRIVE
CITY-ST-ZIP PLANT CITY FL 33566 ☐ DELETE

TITLE VD
NAME ANDERSON, DONNA H
STREET ADDRESS 1607 MCLEOD DRIVE
CITY-ST-ZIP PLANT CITY FL 33566 ☐ DELETE

TITLE SD
NAME VICKERS, MERLYN
STREET ADDRESS 405 S. HOWARD STREET
CITY-ST-ZIP PLANT CITY FL 33566 ☐ DELETE

TITLE TD
NAME HALLBACK, MINNIE L
STREET ADDRESS 507 S. FRANKLIN STREET
CITY-ST-ZIP PLANT CITY FL 33566 ☐ DELETE

TITLE D
NAME KING, GWENDOLYN V
STREET ADDRESS 1309 LOUISIANA STREET
CITY-ST-ZIP PLANT CITY FL 33566 ☐ DELETE

TITLE D
NAME GRAY, REGINALD L
STREET ADDRESS 502 S. FRANKLIN ST.
CITY-ST-ZIP PLANT CITY FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/96 (813) 52-0917

Date Daytime Phone #

CR2E037 (3/96)