

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

95 MAY -1 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000014821 (1)

1. Corporation Name

COMPASS ROSE INVESTMENT, INC.

Principal Place of Business

1 CAPRI COURT
PALM COAST FL 32137
US

Mailing Address

1 CAPRI COURT
PALM COAST FL 32137
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1993

3a. Date of Last Report

01/21/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

29

30

4. FEI Number

59-3168623

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BUSCHMAN, ALBERT E JR.
2215 SOUTH THIRD ST.
SUITE 101
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name

J. Lee Francies, Jr.

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

1 Capri Court

83

84 City

Palm Coast

FL

85 Zip Code
32137

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

J. Lee Francies, Jr.

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

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

5-9-95

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
FRANCIES, JESSE L JR.
2847 LONGBOAT COURT SOUTH
PONTE VEDRA BEACH FL 32082

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
D
FRANCIES, KATHERINE A
2847 LONGBOAT COURT SOUTH
PONTE VEDRA BEACH FL 32082

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP
☐ Change ☐ Addition

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****200.00 ****200.00

8/15/92

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment you set address.

SIGNATURE:

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

J. LEE FRANCIES, JR.

APRIL 24, 1995 904-446-9499

DATE

Signature of Secretary