

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 PM 1:27

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000087895 (6)

1. Corporation Name

CROSSROAD INN, INC.

Principal Place of Business

3095 E. STATE RD. 60
OKEECHOBEE FL 34972-9142

Mailing Address

80 ROYAL PALM BLVD., STE. 203
VERO BEACH FL 32962

DO NOT WRITE IN THIS SPACE

3. Date incorporated in Florida

11/21/1994

3a. Date of Last Report

4. FFI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

22. State Apt. # etc.

27. State Apt. # etc.

23. City & State

28. City & State

5. Certificate of Status Due

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation is subject to the provisions of the Florida Statutes
Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLS, WILLIAM B
80 ROYAL PALM BLVD., STE. 203
VERO BEACH FL 32960**

81. Name

82. Street Address (if a Box Number is Not Applicable)

83

84. City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607, 608, and 609, Florida Statutes, the above named corporation hereby certifies that the principal officer 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 hereby giving and accepting the appointment as authorized by the Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(Signature of Secretary or Treasurer)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHARGES TO OFFICERS AND DIRECTORS

NAME
TITLE
ADDRESS
CITY
STATE
ZIP

NAME
TITLE
ADDRESS
CITY
STATE
ZIP

**President
Shelly GIANOTTI
686 3RD PLACE
VERO BEACH, FL 32962**

NAME
TITLE
ADDRESS
CITY
STATE
ZIP

NAME
TITLE
ADDRESS
CITY
STATE
ZIP

**Secretary
Kelly Fowler
686 3RD PLACE
VERO BEACH, FL 32962**

NAME
TITLE
ADDRESS
CITY
STATE
ZIP

NAME
TITLE
ADDRESS
CITY
STATE
ZIP

**Treasurer
Pamela Dutz
2203 E OCEAN OAKS LANE
VERO BEACH, FL 32963**

NAME
TITLE
ADDRESS
CITY
STATE
ZIP

NAME
TITLE
ADDRESS
CITY
STATE
ZIP

**DIRECTOR
Stacy Hockenbury
715 36th AVE
VERO BEACH, FL 32962**

NAME
TITLE
ADDRESS
CITY
STATE
ZIP

NAME
TITLE
ADDRESS
CITY
STATE
ZIP

**DIRECTOR
Bobby J. HIEES
686 3RD PLACE
VERO BEACH, FL**

NAME
TITLE
ADDRESS
CITY
STATE
ZIP

NAME
TITLE
ADDRESS
CITY
STATE
ZIP



14. I hereby certify that this form is completed with the proper, substantially limited and clear information for the filing of this form as required by the Florida Statutes. I further certify that the information is correct and that the corporation is in compliance with the provisions of the Florida Statutes. I am hereby giving and accepting the appointment as authorized by the Florida Statutes.

SIGNATURE:

[Signature]
SIGNATURE AND PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4-18-95

231-7743