FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P95000027719 (0)**

1. Corporation Name

C.R. CONSTRUCTION ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~1942 SE WEST DUNBROOK CIR~~ ~~PORT ST LUCIE FL 34952~~ 357 SW DWIGHT AVE PORT ST LUCIE, FL 34983	~~1942 SE WEST DUNBROOK CIR~~ ~~PORT ST LUCIE FL 34952~~ P.O. BOX 9232 Port St Lucie, FL 34985

3. Date Incorporated or Qualified: 04/07/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 357 SW DWIGHT AVE
22: Suite, Apt. #, etc.
23: City & State: Port St Lucie FL
24: Zip: 34983 Country: 25: US

2a. Mailing Address
26: P.O. Box 9232
27: Suite, Apt. #, etc.
28: City & State: Port St Lucie FL
29: Zip: 34985 Country: 30: US

4. FEI Number: 65-0570308 ☐ 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

AMERILAWYER
343 ALMERIA AVE
CORAL GABLES FL 33134

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	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GRECO, RALPH J	1.2 NAME	
STREET ADDRESS	~~1942 SE WEST DUNBROOK CIR~~ 357 SW DWIGHT AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~PORT ST LUCIE FL 34952~~ P.S.L. FL, 34983	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COLE M. WENDELL	2.2 NAME	
STREET ADDRESS	471 SE DALVA AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	Port St Lucie FL 34984	2.4 CITY-ST-ZIP	
TITLE	S ☒ DELETE	3.1 TITLE	S ☑ Change ☐ Addition
NAME	COLE M. WENDELL	3.2 NAME	ELIZABETH C. WENDELL
STREET ADDRESS	471 SE DALVA AVE	3.3 STREET ADDRESS	471 SE DALVA AVE
CITY-ST-ZIP	Port St Lucie FL 34984	3.4 CITY-ST-ZIP	Port St Lucie FL 34984
TITLE	T ☒ DELETE	4.1 TITLE	T ☑ Change ☐ Addition
NAME	RALPH T. GRECO	4.2 NAME	ELIZABETH C. WENDELL
STREET ADDRESS	357 SW DWIGHT AVE	4.3 STREET ADDRESS	471 SE DALVA AVE
CITY-ST-ZIP	Pt St Lucie FL 34983	4.4 CITY-ST-ZIP	Pt St Lucie FL 34984
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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 with an address.

SIGNATURE: Ralph J. Greco RALPH J. GRECO 3/6/96 (407) 871-6031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #