

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000037997 (0)

1. Corporation Name
COMMERCIAL REAL ESTATE AND DEVELOPMENT, INC.



Principal Place of Business

28801 U.S. HIGHWAY 19 NORTH
SUITE 1
CLEARWATER FL 34621

Mailing Address

28801 U.S. HIGHWAY 19 NORTH
SUITE 1
CLEARWATER FL 34621-2583

2. Principal Place of Business

21 1801 S.E. U.S. Highway 19

Suite, Apt. #, etc.

22 City & State

23 Crystal River, FL

Zip

24 34429

Country

25 Citrus

2a. Mailing Address

26 1801 S.E. U.S. Highway 19

Suite, Apt. #, etc.

27 City & State

28 Crystal River, FL

Zip

29 34429

Country

30 Citrus

3. Date Incorporated or Qualified

05/12/1995

3a. Date of Last Report

04/05/1996

4. FEI Number

59-1295002

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

STAACK, JAMES A
400 CLEVELAND STREET, SUITE 700
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

81 Name

James A. Staack

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

121 N. Osceola Avenue
Second Floor

84 City

Clearwater,

FL

85 Zip Code

34615

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

James A. Staack

JAMES A. STAACK

2/19/97

(Signature required only when changing registered agent and not applicable)

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITEHURST, DON R	
STREET ADDRESS	28801 U.S. HIGHWAY 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS	1801 S.E. U.S. Highway 19	
14 CITY-ST-ZIP	Crystal River, FL 34429	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the
information stated 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, unchanged, or on an attachment with an address.

SIGNATURE:

Don R. Whitehurst
DON R. WHITEHURST

2/19/97 (352) 795-3198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)