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Feb 03 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 # P95000055770 (8)

1. Corporation Name:
CROSS HEDGING, INC.

Principal Place of Business

16550 N.W. 144TH AVE.
OKEECHOBEE FL 34972

Mailing Address

P.O. BOX 393
OKEECHOBEE FL 34973-0393



3. Date Incorporated or Qualified
07/17/1995

3a. Date of Last Report
02/20/1996

2. Principal Place of Business

21 9501 NW 144th trail
Suite, Apt. #, etc.

2a. Mailing Address

26 9501 NW 144th trail
Suite, Apt. #, etc.

4. FEI Number

65-0618278

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

22 City & State

23 Okeechobee FL

27 City & State

28 Okeechobee FL

24 Zip

34972

Country

USA

29 Zip

34972

Country

USA

9. Name and Address of Current Registered Agent

WATFORD, JEFFERY S
16550 N.W. 144TH AVE.
OKEECHOBEE FL 34972

10. Name and Address of New Registered Agent

81 Name

Philip R. Langford

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

9501 NW 144th trail

83

84 City

Okeechobee

FL

85 Zip Code

34972

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

Philip R. Langford

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME WATFORD, JEFFERY S
STREET ADDRESS 16550 N.W. 144TH AVE.
CITY-ST-ZIP OKEECHOBEE FL 34972

TITLE STD ☐ DELETE
NAME WALDRON, RANDALL C
STREET ADDRESS P.O. BOX 393 N/A
CITY-ST-ZIP OKEECHOBEE FL 34973

TITLE D ☒ DELETE
NAME WATFORD, LEE
STREET ADDRESS P.O. BOX 393 N/A
CITY-ST-ZIP OKEECHOBEE FL 34973

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME Philip R. Langford
1.3 STREET ADDRESS 9501 NW 144th trail
1.4 CITY-ST-ZIP Okeechobee, FL 34972

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Philip R. Langford* Philip R. Langford 1/28/97 941-763-6476
DATE: Daytime Phone #

CR2E034 (9/96)