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 # **P95000063324 (4)**

1. Corporation Name

CROWN'S WAY SOUTH, INC.

Principal Place of Business

12 NORTH 254 TOWER ROAD
HAMPSHIRE IL 60140

Mailing Address

12 NORTH 254 TOWER ROAD
HAMPSHIRE IL 60140

3. Date Incorporated or Qualified: **08/16/1995**

3a. Date of Last Report:

4. FEI Number: 59-3339013 ☐ 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

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Street Address or P.O. Box (22) | (27)
City & State (23) | (28)
Zip (24) County (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

WIECHENS, EUGENE A
445 NORTHEAST EIGHTH AVENUE
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1505, 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. The above changes were 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

12. OFFICERS AND DIRECTORS

D
DICICILIA, RONALD A
12 NORTH 254 TOWER ROAD
HAMPSHIRE IL 60140

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

S
DICICILIA, JUDITH
12 NORTH 254 TOWER RD
HAMPSHIRE IL 60140

☐ Change ☒ Addition

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14. I hereby certify that the information supplied with this report is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental attachment 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 added to the report.

SIGNATURE: JUDITH DICICILIA 1/19/96 464-4080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

($47)

CR2E034 (12/95)