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06-09-1999 90016 013 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000079843

1. Corporation Name

CASUALTY RECOVERY CONSULTANTS, INC.

Principal Place of Business

1134 POINTE NEWPORT TERRACE
UNIT 114
CASSELBERRY FL 32707

Mailing Address

P. O. BOX 140772 N/A
ORLANDO FL 32814-0772
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1995

4. FEI Number

59-3343336

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **2809 CASA ALOMA WAY**

Suite, Apt. #, etc.

22 **FL**

23 **WINTER PARK**

24 **32792**

25 **SEMINOLE**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

9. Name and Address of Current Registered Agent

ROBINSON, JOHN D
200 EAST ROBINSON STREET
SUITE 1020
ORLANDO FL 32801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **KEENE, JOSEPH A**
STREET ADDRESS **925 DYSON DRIVE**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **VP** ☐ DELETE

NAME **MCMILLIAN, JAMES**
STREET ADDRESS **425 WEKIVA COVE ROAD**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **S** ☐ DELETE

NAME **YAWN, OTIS C.**
STREET ADDRESS **1134 PT. NEWPORT TRAIL #114**
CITY-ST-ZIP **CASSELBERRY FL**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

2809 CASA ALOMA WAY
WINTER PARK FL 32792

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-1-99

407 898 0666 *462

CR2E034 (11/98)