

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000006267

1. Corporation Name  
C & R CUSTOM HOMES & RENOVATIONS, INC.

Principal Place of Business  
6767 PHILLIPS INDUSTRIAL BLVD  
JACKSONVILLE FL 32256

Mailing Address  
P O BOX 2296  
PONTE VEDRA BEACH FL 32204-2296

APPROVED  
AND  
FILED

99 OCT -1 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1996

4. FEI Number

59-3359872

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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CAIN, RICHARD  
14105 MANDARIN OAKS LN  
JACKSONVILLE FL 32223

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 P ☐ DELETE

NAME CAIN, JANET  
STREET ADDRESS 14104 MANDARIN OAKS LN  
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE V ☐ DELETE

NAME CAIN, RICHARD  
STREET ADDRESS 14104 MANDARIN OAKS LN  
CITY-ST-ZIP JACKSONVILLE FL 32223

TITLE V ☒ DELETE

NAME RAMSEY, RICHARD  
STREET ADDRESS 481 GOLDEN POND COURT  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE VD ☐ DELETE

NAME LANCASTER, ANITA  
STREET ADDRESS 5129 OTTER CREEK DR  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE VT ☐ DELETE

NAME MAY, MELISSA  
STREET ADDRESS 5972 COUNTY ROAD 209 S  
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VS  
LANCASTER, ANITA  
5129 OTTER CREEK DR  
PONTE VEDRA BEACH, FL 32082

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-99

904-268-7762

CR2E034 (5/99)