


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

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90072 040 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000051716

1. Corporation Name  
CFR INVESTMENTS, INC.

Principal Place of Business 2406 HARPER STREET JACKSONVILLE FL	Mailing Address P O BOX 43250 JACKSONVILLE FL 32203-3250
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1996

4. FEI Number

59-3392481

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LIESER, ALLEN R  
2406 HARPER STREET  
JACKSONVILLE FL

10. Name and Address of New Registered Agent

81 Name

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

7014 AC SKINNER PARKWAY

83

SUITE 290

84 City

JACKSONVILLE

FL

85 Zip Code

32256

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

Brian M. Gabree, BRIAN M. GABREE

3/31/99

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	<input checked="" type="checkbox"/> DELETE
NAME	CRAWFORD, ANDY	
STREET ADDRESS	8619 WESTERN WAY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RAY, JR. J	
STREET ADDRESS	2406 HARPER ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FORNELL, RICHARD H.	
STREET ADDRESS	642 CARSWELL AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LEISER, ALLEN	
STREET ADDRESS	2406 HARPER ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GABREE, BRIAN	
STREET ADDRESS	2406 HARPER ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PRESIDENT
2.3 STREET ADDRESS	RAY, J. G. JR.
2.4 CITY-ST-ZIP	7014 AC SKINNER PARKWAY #290
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VICE PRESIDENT
3.3 STREET ADDRESS	FORNELL, RICHARD H.
3.4 CITY-ST-ZIP	7014 AC SKINNER PARKWAY, #290
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VICE PRESIDENT
4.3 STREET ADDRESS	LIESER, ALLEN
4.4 CITY-ST-ZIP	7014 AC SKINNER PARKWAY #290
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TREASURER
5.3 STREET ADDRESS	GABREE, BRIAN M.
5.4 CITY-ST-ZIP	7014 AC SKINNER PARKWAY #290
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

Brian M. Gabree, BRIAN M. GABREE 3/31/99 (904) 569-3230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)