

**03 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY -1 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000017676
1. Entity Name
C. R. H. INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6653 POWERS AVE
Suite, Apt. #, etc.
STE #4

3. Mailing Address
P.O. Box 56071
STATE
Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL.

City & State
JAX. FL. 32241

Zip
32217 Country
USA

Zip
32241 Country
US

DO NOT WRITE IN THIS SPACE

4. FEL Number
59-3494381

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
THOMAS C. FREIMAN CO.

Street Address (P.O. Box Number is Not Acceptable)
9471 BAYMEADOWS RD

STE 308

City
JACKSONVILLE FL Zip Code
32256

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>CHARLES R. HOUCK JR.</u> <u>4431 COLEMAN RD S.</u> <u>JACKSONVILLE, FL. 32257</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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**DO NOT WRITE
IN THIS SPACE**

13. 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles R. Houck Jr. DATE: _____ DAYTIME PHONE #: (904) 448-5005

CR2E034B (12/01)