

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S85054** (2)

1. Corporation Name

C/I/R, HOLDINGS, INC.



Principal Place of Business

**18526 N 30 ST
LUTZ FL 33549**

Mailing Address

**18526 N 30 ST
LUTZ FL 33549**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

3. Date Incorporated or Qualified

10/03/1991

3a. Date of Last Report

02/10/1995

4. FEI Number

59-3087802

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

9. Name and Address of Current Registered Agent

**ROBERTS, CECIL T.
18526 N 30 ST
LUTZ FL 33549**

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 607.1502, 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 of person making the statement (Print Name and Title)

Signature of New Agent (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

D
ROBERTS, CECIL T.
18526 N 30 ST
LUTZ FL

☐ DELETE

V
ROBERTS, IRENE
LUTZ FL

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. NAME

2. NAME

3. NAME

4. NAME

5. NAME

6. NAME

7. NAME

8. NAME

9. NAME

10. NAME

11. NAME

12. NAME

13. NAME

14. NAME

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27. NAME

28. NAME

29. NAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Cecil T. Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Irene Roberts

3/5/96

813 949-1049
Date of Filing

CR2E034 (12/95)