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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jul 25 1996 8:00 am
Secretary of State

DOCUMENT # V55000 (6)

1. Corporation Name

CHARLES J. GIVENS MANAGEMENT COMPANY

Principal Place of Business

242 N. WESTMONTE DRIVE
ALTAMONTE SPRINGS FL 32714

Mailing Address

242 N. WESTMONTE DRIVE
ALTAMONTE SPRINGS FL 32714



2. Principal Place of Business

21 250 Crown Oak Centre

2a. Mailing Address

26 250 Crown Oak Centre

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Longwood, FL

City & State

28 Longwood, FL

Zip

24 32750

Country

Zip

29 32750

Country

30

9. Name and Address of Current Registered Agent

BLAKE, MARK T
230 CROWN OAK CENTRE DRIVE
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name

David Phillips

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

250 Crown Oak Centre Dr.

83

84 City

Longwood

FL

85 Zip Code

32750

11. Pursuant to the provisions of Sections 607.0602 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

X David Phillips

(NOTE: Registered Agent signature required when appointing)

18 July 96

12. OFFICERS AND DIRECTORS

TITLE DV
NAME BOYD, GREGORY
STREET ADDRESS 242 N WESTMONTE DR
CITY-ST-ZIP ALTAMONTE SPGS FL ☒ DELETE

TITLE DV
NAME HACKETT, SHANE
STREET ADDRESS 242 N. WESTMONTE DR.
CITY-ST-ZIP ALTAMONTE SPRINGS FL ☒ DELETE

TITLE DV
NAME LUSTING, GREGORY
STREET ADDRESS 242 N. WESTMONTE DRIVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD
1.2 NAME David Phillips
1.3 STREET ADDRESS 250 Crown Oak Centre Drive
1.4 CITY-ST-ZIP Longwood, FL 32750 ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
000001904560
-07/25/96--01066--021
****233.75 ****233.75

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, changed, or on an attachment with an address.

SIGNATURE:

X David Phillips

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

18 July 96

David Phillips

CR2E034 (12/95)