

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 276336

**Entity Name:** C. R. MELEAR CORPORATION

**Current Principal Place of Business:**

148 BARN 1 RD.  
ZOLFO SPRINGS, FL 33890

**Current Mailing Address:**

P O BOX 1647  
AVON PARK, FL 33826

**FEI Number:** 59-1064423

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WATKINS, THOMAS S  
148 BARN 1 RD.  
AVON PARK, FL 33825 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            VPD  
Name            WATKINS, THOMAS S  
Address        531 LAKE LOTELA DR.  
City-State-Zip: AVON PARK FL 33825

Title            DP  
Name            WATKINS, DEBRA M  
Address        531 LAKE LOTELA DR.  
City-State-Zip: AVON PARK FL 33825

Title            TD  
Name            WATKINS, THOMAS C  
Address        P O BOX 1647  
City-State-Zip: AVON PARK FL 33826

Title            SD  
Name            SANDERS, KARA W  
Address        P O BOX 1647  
City-State-Zip: AVON PARK FL 33826

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS S. WATKINS

VPD

01/31/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date