

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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 JAN 18 PM 2:42

**CORPORATION**  
**ANNUAL REPORT**  
**1995**



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

**DOCUMENT # 365687 (3)**

1. Corporation Name  
**EARL G. CHILDS, INC.**

Principal Place of Business Mailing Address  
**10169 WEST TOM MASON DRIVE 10169 WEST TOM MASON DRIVE**  
**CRYSTAL RIVER FL 34428 CRYSTAL RIVER FL 34428**  
**US US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/16/1970** 3a. Date of Last Report **01/19/1994**

2. Principal Place of Business 2a. Mailing Address  
 21 26

4. FEI Number **59-1294663** Applied For  
 Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 27

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

City & State City & State  
 23 28

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

Zip Country Zip Country  
 24 25 29 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CHILDS JR, EARL G**  
**10169 W TOM MASON DR**  
**CRYSTAL RIVER FL 32629**

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 607.1508, 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

Signature of person named in Block 9, if registered agent, and title if applicable.

SOLE Proprietor Agent signature required when relevant.

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>PD</b>
NAME	<b>CHILDS JR, EARL G</b>
STREET ADDRESS	<b>10169 W TOM MASON DR</b>
CITY, ST, ZIP	<b>CRYSTAL RIVER FL</b>
TITLE	<b>SD</b>
NAME	<b>CHILDS, CYNTHIA A</b>
STREET ADDRESS	<b>10169 W TOM MASON DR</b>
CITY, ST, ZIP	<b>CRYSTAL RIVER FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
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 do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or biennial 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 at the time of printing or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as it changed, or on an attachment with an address.

SIGNATURE:

*Earl G. Childs, Jr.*  
**Earl G. Childs, Jr.** 1-10-95  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

904 795 9301