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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 248762

(7)

CREWS AND GARCIA, INC.

FILED Apr 09 1998 8:00am Secretary of State

|--|

		HILLSBOROUGH AT 281 P.O. BOX 11795 TAMPA FL 33680-8795 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	Countr		DO NOT WRITE IN THE 3. Date Incorporated or Qualified 06/26/1961 4. FEI Number 59-0935395 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution	\$8.7 Fee \$5. Add	
24	9, Name and Address of Curre	29	30		Personal Property Tax due June 30. 10. Name and Address of New Registe	Yes	_ No
910 MI/	rcia,andrew J) NW 22ND ST AMI FL		81 82 83	2 Street Add	dress (P.Ö. Box Number is Not Acceptable)	FL 85	Zip Code
11. Pursuant office or ragent. I a SIGNATURE	Signature, lyped or printed name of registeriid e				poration submits this statement for the purpo- ation's board of directors. I hereby accept the ulred when reinstalling) DA ADDITIONS/CHANGES TO OFFICERS	ATE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TEAGUE, W D 637 S. RIVERHILLS DR. TEMPLE TERR, FL 00000	DELETE	1.1 TITLE 1.2 NAME	ET ADDRESS		Char	nge Addition
TITLE NAME STREET ADDRESS	VD CREWS, W B 2801 E HILLSBOROUGH	DELETE	2.1 TITLE 2.2 NAME			Char	nge 🔲 Addition
CITY-ST-ZIP	TAMPA, FL 00000		2.3 STREE 2. 4 CITY	ET ADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS	TAMPA, FL 00000 VD GARCIA, ERNEST 1506 PARK LANE	☐ DELETE	2. 4 CITY 3.1 TITLE 3.2 NAME	ET ADDRESS -ST-ZIP E ET ADDRESS		☐ Char	nge Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TAMPA, FL 00000 VD GARCIA, ERNEST	☐ DELETE	2 4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY 4.1 TITLE 4.2 NAMI	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP EE ADDRESS		☐ Char	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TAMPA, FL 00000 VD GARCIA, ERNEST 1506 PARK LANE TAMPA, FL 00000 PSD GARCIA, ANDREW JR 910 NW 22ND ST	_	2.4 CITY- 3.1 YITLE 3.2 NAME 3.3 STREE 3.4, CITY- 4.1 TITLE 4.2 NAMI 4.3 STREE 4.4 CITY- 5.1 YITLE 5.2 NAME	ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP EE ADDRESS -ST-ZIP EE ET ADDRESS		_	nge Addition

Thereby certify that the information supplied with this hintig does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Further certify that the information indicated on this annual report is reported 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.