FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 AM 9:35

DOCUMENT # **277846** **(2)**

1. Corporation Name

CROWN PRODUCTS COMPANY, INC.

Principal Place of Business	Mailing Address
6390 PHILLIPS HIGHWAY JACKSONVILLE FL 32216	6390 PHILLIPS HIGHWAY JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/27/1964
3a. Date of Last Report: 02/16/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 59-1038302 ☐ 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

TUGGLE PETER S
6390 PHILLIPS HWY
JACKSONVILLE FL 32216

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 607.1508, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	Chairman/Director	XX Change ☐ Addition
NAME	TUGGLE JR,WILLIAM P	1.2 NAME		
STREET ADDRESS	2345 S. PONTE VEDRA BLVD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL	1.4 CITY-ST-ZIP		
TITLE	ST	2.1 TITLE	Treasurer/Director	XX Change ☐ Addition
NAME	TUGGLE,JEAN S	2.2 NAME		
STREET ADDRESS	2345 S PONTE VEDRA BLVD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	TUGGLE, JEAN S.	3.2 NAME		
STREET ADDRESS	2345 S PONTE VEDRA BLVD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BEACH FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	President/Director	XX Change ☐ Addition
NAME	TUGGLE, PETER S.	4.2 NAME	Tuggle, Peter S.	
STREET ADDRESS	11935 OLDFIELD PT. DR.	4.3 STREET ADDRESS	1638 Tayo Lane	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	AT	5.1 TITLE	Secretary/Director	XX Change ☐ Addition
NAME	TUGGLE, LINDA, S	5.2 NAME		
STREET ADDRESS	2709 MADRID ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BCH FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(i), 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: Jean S. Tuggle Jean S. Tuggle, T/D 1/9/95 904 737 7144
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number

0018375 CP