

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 277846 (2)		
1. Corporation Name CROWN PRODUCTS COMPANY, INC.		
Principal Place of Business 6390 PHILLIPS HIGHWAY JACKSONVILLE FL 32216	Mailing Address 6390 PHILLIPS HIGHWAY JACKSONVILLE FL 32216-8050	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/27/1964	3a. Date of Last Report 02/01/1996
21		26		4. FEI Number 59-1038302	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TUGGLE PETER S 6390 PHILLIPS HWY JACKSONVILLE FL 32216		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 typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD ☐ DELETE	1.1 TITLE	☐ 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	TD ☐ DELETE	2.1 TITLE	☐ 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 ☒ DELETE	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	PD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	TUGGLE, PETER S.	4.2 NAME	
STREET ADDRESS	1638 TAYO LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	5.1 TITLE	☐ 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	☐ DELETE	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 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, Treas. 1/15/97 904 737 7144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0036187

CR2E034 (9/96)