2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 17, 2004 8:00 am Secretary of State **DOCUMENT #277846** 02-17-2004 90048 024 ***150.00 CROWN PRODUCTS COMPANY, INC. Principal Place of Business Mailing Address 6390 PHILLIPS HIGHWAY 6390 PHILLIPS HIGHWAY JACKSONVILLE, FL 32216 IACKSONVILLE, FL 32216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052004 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For 59-1038302 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TUGGLE PETERS -Street Address (P.O. Box Number is Not Acceptable) 6390 PHILLIPS HWY JACKSONVILLE, FL 32216 City Zip Code 8. 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CD ☐ Change ☐ Addition TTLE Delete TITLE TUGGLE JR, WILLIAM P NAME NAME 2345 S. PONTE VEDRA BLVD. STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH, FL CITY-ST-ZIP CITY-ST-ZIP TD ПΠЕ TITLE Delete ☐ Change ☐ Addition TUGGLE, JEAN S NAME NAME 2345 S PONTE VEDRA BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH, FL CITY-ST-ZIP Delete TITLE ☐ Addition TMF ☐ Change TUGGLE, PETER S. NAME NAME STREET ADDRESS 1638 TAYO LANE STREET ADDRESS JACKSONVILLE, FL CITY-ST-ZIP CITY-ST-ZIP IIILE Delete TIRE X Change ☐ Addition HARDY, LINDA TUGGLE NAME NAME 1620 S. 6th St. STREET ADDRESS 1703 SEABREEXE AVENUE STREET ADDRESS Jacksonville Beach, FL 32250 CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250 CITY-ST-7IP TILE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Peter S. Tuggle

Jan 15, 2004

(904) 737 7144

Daytime Phone #

Peter .
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED