

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 283378

(8)

1. Corporation Name

CRUTCHFIELD & SONS, INC.



Principal Place of Business

149 EAST CENTER STREET
P.O. BOX 1864
SEBRING FL 33870

Mailing Address

149 EAST CENTER STREET
P.O. BOX 1864
SEBRING FL 33870

3. Date Incorporated or Qualified

07/17/1964

3a. Date of Last Report

02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

CRUTCHFIELD, H. EARL
1034 LUCERNE BLVD.
SEBRING FL 33870

4. FBI Number

59-1099405

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

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

Signature of person providing information on page 12 or 13 (if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

12.	OFFICERS AND DIRECTORS	
12.1	PD CRUTCHFIELD, H. EARL 1034 LUCERNE BLVD. SEBRING FL	☐ DELETE
12.2	SD CRUTCHFIELD, J. THOMAS 206 MOON RANCH RD. SEBRING FL	☐ DELETE
12.3	VD CRUTCHFIELD, HENRY 1035 GOLFSIDE DRIVE SEBRING FL	☐ DELETE
12.4		☐ DELETE
12.5		☐ DELETE
12.6		☐ DELETE
12.7		☐ DELETE
12.8		☐ DELETE
12.9		☐ DELETE
12.10		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
13.1	1. TITLE	☐ Change ☐ Addition
13.2	2. NAME	
13.3	3. STREET ADDRESS	
13.4	4. CITY-ST-ZIP	
13.5	5. TITLE	☐ Change ☐ Addition
13.6	6. NAME	
13.7	7. STREET ADDRESS	
13.8	8. CITY-ST-ZIP	
13.9	9. TITLE	☐ Change ☐ Addition
13.10	10. NAME	
13.11	11. STREET ADDRESS	
13.12	12. CITY-ST-ZIP	
13.13	13. TITLE	☐ Change ☐ Addition
13.14	14. NAME	
13.15	15. STREET ADDRESS	
13.16	16. CITY-ST-ZIP	
13.17	17. TITLE	☐ Change ☐ Addition
13.18	18. NAME	
13.19	19. STREET ADDRESS	
13.20	20. 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)(k), 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: H. Earl CRUTCHFIELD
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 9, 1996

Date

Daytime Phone #

CR2E034 (12/95)