

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

DOCUMENT # 285555

(9)

1. Corporation Name

CREWS EQUIPMENT CO., INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 11:32

Principal Place of Business

U. S. 27 SOUTH
P.O. BOX 1669
AVON PARK FL 33825

Mailing Address

U. S. 27 SOUTH
P.O. BOX 1669
AVON PARK FL 33825

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/01/1964

3a. Date of Last Report

01/31/1994

4. FEI Number

59-1059482

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CREWS, ROBERT C
475 E LOTELA DR
AVON PARK FL 33825

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

VD

NAME

CREWS, NORMA D.

STREET ADDRESS

1275 LOTELA DRIVE

CITY-ST-ZIP

AVON PARK FL

TITLE

D

NAME

CREWS, C ELTON

STREET ADDRESS

1275 LOTELA DRIVE

CITY-ST-ZIP

AVON PARK, FL 00000

TITLE

ST

NAME

KELLEY, PAMELA M

STREET ADDRESS

201 S. MARSHALL AVE

CITY-ST-ZIP

AVON PARK FL

TITLE

PD

NAME

CREWS, ROBERT C

STREET ADDRESS

475 E LOTELA DR

CITY-ST-ZIP

AVON PARK, FL 00000

TITLE

D

NAME

SIMPSON, JOHN

STREET ADDRESS

2755 N. GARLAND RD

CITY-ST-ZIP

AVON PARK FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

33825

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

33825

3.1 TITLE

☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

33825

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

33825

5.1 TITLE

☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

33825

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(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:

Pamela M. Kelley

Pamela M. Kelley

2-14-95

813-453-3142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)