

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

**APPROVED
AND
FILED**

95 FEB 27 PM 12: 19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F91005

(1)

1. Corporation Name

CRUTCHFIELD GROVES, INC.

Principal Place of Business

**% J. THOMAS CRUTCHFIELD
149 EAST CENTER ST.
SEBRING FL 33870**

Mailing Address

**% J. THOMAS CRUTCHFIELD
149 EAST CENTER ST.
SEBRING FL 33870**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1982

3a. Date of Last Report

02/15/1994

4. FEI Number

59-1151073

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

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CRUTCHFIELD, J. THOMAS
149 EAST CENTER ST.
SEBRING FL 33870**

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 the if applicable

NOTE: Registered Agent signature required when name change

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **CRUTCHFIELD, JOHN HENRY**
STREET ADDRESS **149 E CENTER ST**
CITY - ST - ZIP **SEBRING, FL 00000**

TITLE **D**
NAME **TAYLOR, CHRISTINE C**
STREET ADDRESS **149 E CENTER ST**
CITY - ST - ZIP **SEBRING, FL 00000**

TITLE **DP**
NAME **CRUTCHFIELD, EARL**
STREET ADDRESS **149 E CENTER ST**
CITY - ST - ZIP **SEBRING, FL 00000**

TITLE **D**
NAME **HALEY, KATHLEEN C**
STREET ADDRESS **149 E CENTER ST**
CITY - ST - ZIP **SEBRING, FL 00000**

TITLE **ST**
NAME **CRUTCHFIELD, JOHN THOMAS**
STREET ADDRESS **149 E CENTER ST**
CITY - ST - ZIP **SEBRING, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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 190.031(4)(b), 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 (as applicable) 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 affidavit.

SIGNATURE:

John Henry Crutchfield
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT REGISTERED AGENT OR DIRECTOR

02/10/95

813-471-2252