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Mar 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 # F93000001856 (4)

1. Corporation Name
THE GEORGE F CRAM COMPANY INCORPORATED

Principal Place of Business
301 S. LASALLE ST.
INDIANAPOLIS IN 46201

Mailing Address
301 S. LASALLE ST.
INDIANAPOLIS IN 46201-4336



3. Date Incorporated or Qualified 04/15/1993
3a. Date of Last Report 03/06/1996

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

4. FEI Number 35-0252470
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

9. Name and Address of Current Registered Agent

EARLEY, JAMES
3188 N.W. 118TH LN.
CORAL SPRING FL 33065

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of type or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	DOUTHIT, LOREN	
STREET ADDRESS	6322 LANDS END LANE	
CITY- ST- ZIP	INDIANAPOLIS IN	
TITLE	CP	<input type="checkbox"/> DELETE
NAME	DOUTHIT, WILLIAM	
STREET ADDRESS	320 PEBBLE BRK. CIR.	
CITY- ST- ZIP	NOBLESVILLE IN	
TITLE	CVP	<input type="checkbox"/> DELETE
NAME	DOUTHIT, JOHN	
STREET ADDRESS	321 WELLINGTON WAY	
CITY- ST- ZIP	NOBLESVILLE IN	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MYERS, CURTIS	
STREET ADDRESS	1487 MAYNARD DRIVE	
CITY- ST- ZIP	INDIANAPOLIS IN	
TITLE	CVP	<input type="checkbox"/> DELETE
NAME	LAUCK, GARY	
STREET ADDRESS	1228 ROSENGARTEN LANE	
CITY- ST- ZIP	GREENWOOD IN	
TITLE	CT	<input type="checkbox"/> DELETE
NAME	LAUCK, TOM	
STREET ADDRESS	8888 CLASSIC VIEW DRIVE	
CITY- ST- ZIP	INDIANAPOLIS IN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Myers, Curtis	
1.3 STREET ADDRESS	1487 Maynard St	
1.4 CITY- ST- ZIP	Indianapolis IN 46227	
2.1 TITLE	director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	McDaniel, Phillip	
2.3 STREET ADDRESS	9146 Haverstick Rd	
2.4 CITY- ST- ZIP	Indianapolis IN 46240	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Tom Lauck TOM LAUCK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN - 7 1997

317 6355564

Date:

Daytime Phone #

CR2E034 (9/96)