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 MAR 16 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G76785 (6)

1. Corporation Name
STANLEY CRAWFORD CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
RT 10 BOX 970 ~~LAKE BUTLER FL 32055~~ US	RT 10 BOX 970 ~~LAKE BUTLER FL 32055~~ US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/30/1983
3a. Date of Last Report: 04/07/1994

2. Principal Place of Business
21 STANLEY CRAWFORD CONST. Inc.,
22 Route 10 Box 970
23 Lake City, Florida
24 Zip 32025
25 Country USA

2a. Mailing Address
26 STANLEY CRAWFORD CONST. Inc.
27 Route 10 Box 970
28 Lake City, Florida
29 Zip 32025
30 Country USA

4. FEI Number: 59-2364997 ☐ 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

CRAWFORD, W STANLEY
~~RT 3 BOX 100 B~~
~~LAKE BUTLER FL 32054~~

10. Name and Address of New Registered Agent

81 Name: Crawford, W. Stanley
82 Street Address (P.O. Box Number is Not Acceptable): Route 10 Box 970
83
84 City: Lake City, FL 85 Zip Code: 32025

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: Mary Ann Crawford Secretary/Treasurer 3/10/95
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST	1.1 TITLE	☐ Change ☐ Addition
NAME	CRAWFORD, MARY ANN	1.2 NAME	
STREET ADDRESS	RT. 3, BOX 184-D	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER FL 32054	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	CRAWFORD, STANLEY	2.2 NAME	
STREET ADDRESS	RT. 3, BOX 184-D	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER FL 32054	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: Mary Ann Crawford Secretary-Treasurer 3-10-95 904-752-5152
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000020 CP