

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G76785 (6)**

1. Corporation Name

**STANLEY CRAWFORD CONSTRUCTION, INC.**



Principal Place of Business

Mailing Address

RT 10 BOX 970  
~~XXXXXX~~  
US

RT 10 BOX 970  
~~XXXXXX~~  
US

3. Date Incorporated or Qualified **12/30/1983** 3a. Date of Last Report **03/16/1995**

2. Principal Place of Business  
21 **Route 10 Box 970**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **Route 10 Box 970**  
Suite, Apt. #, etc.

4. FEI Number **59-2364997** Applied For Not Applicable

22 City & State  
23 **Lake City, Fl.**

27 City & State  
28 **Lake City, Fl.**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip **32025** 25 Country **Columbia**

29 Zip **32025** 30 Country **Columbia**

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CRAWFORD, W STANLEY  
RT 3 BOX 190-B  
LAKE BUTLER FL 32054**

81 Name: **CRAWFORD, W. STANLEY**  
82 Street Address (P.O. Box Number is Not Acceptable): **ROUTE 10 BOX 970**  
83  
84 City **LAKE CITY, FLORIDA** FL 85 **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 *W. Stanley Crawford*  
Signature, typed or printed name of the registered agent with the date (initial)

**2/27/96**  
Date

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>CRAWFORD, MARY ANN</b>	
STREET ADDRESS	<b>RT. 3, BOX 184-D</b>	
CITY-ST-ZIP	<b>LAKE BUTLER FL 32054</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CRAWFORD, STANLEY</b>	
STREET ADDRESS	<b>RT. 3, BOX 184-D</b>	
CITY-ST-ZIP	<b>LAKE BUTLER FL 32054</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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: *W. Stanley Crawford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Telephone # \_\_\_\_\_

CR2E034 (12/95)