

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG 10 PM 12:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K68323 (0)
1. Corporation Name
CROWDER'S GIFT HORSE, INC.

Principal Place of Business Mailing Address
**3120 W. BAY TO BAY BOULEVARD
3413 MANHATTAN AVE. S.
TAMPA FL 33629
US** **3120 W. BAY TO BAY BOULEVARD
3413 MANHATTAN AVE. S.
TAMPA FL 33629
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

3. Date incorporated or Qualified 3a. Date of Last Report
02/24/1989 **05/01/1994**
4. FEI Number Applied For
59-2932289 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution
8. This corporation has liability for intangible tax under a 199 032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
**CROWDER, LUCINDA
3120 W. BAY TO BAY BOULEVARD
TAMPA FL 33629**
81 Name
Pepper, Lucinda C.
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 *Lucinda Crowder Pepper* DATE **8/3/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWDER, LUCINDA	1.2 NAME	Pepper, Lucinda C.
STREET ADDRESS	2919 W. KNIGHTS AVENUE	1.3 STREET ADDRESS	2410 W. TEXAS AVE. UNIT H
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	Tampa, FL 33629
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HETTINGER, DARBY	2.2 NAME	
STREET ADDRESS	3213 FAIR OAKS	2.3 STREET ADDRESS	3008 Barclay Court
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	Tallahassee, FL 32308
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWDER, ANN C.	3.2 NAME	
STREET ADDRESS	5103 S. NICHOLS ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWDER, WILLIAM C	4.2 NAME	
STREET ADDRESS	5103 S. NICHOLS ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 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: *Lucinda C. Pepper* DATE **8/3/95** DAYTON FEE # **813/832-2890**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Dayton Fee #

CR2E034 (3/95)