

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
CORPORATION
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

95 MAR -7 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000054035 (8)

CROWLEY & COMPANY ADVERTISING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Office (City, State, and Zip Code)		2a. Mailing Address		3. Date of Incorporation or Qualified		3a. Date of Last Report	
21 2416 NO. ESSEX AVENUE HERNANDO FL 34442		2a 2416 NO. ESSEX AVENUE HERNANDO FL 34442		07/19/1994			
22 State, and Zip Code		27 City, State, and Zip Code		4. Fict Number		Applied For Not Applicable	
22 FL 34442		27 FL 34442		59-3259688			
23 City, State, and Zip Code		28 City, State, and Zip Code		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		6. Election Certificate Filing and Trust Fund Contribution		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24 State, and Zip Code		29 City, State, and Zip Code		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POE, GARY A 103 NO. APOPKA AVENUE INVERNESS FL 34450				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12a NAME	PD CROWLEY, ROBERT P 1641 E. WESTGATE LANE HERNANDO FL 34442	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12b STREET ADDRESS		12 NAME	
12c CITY, STATE, ZIP		13 STREET ADDRESS	
12d	VD CROWLEY, JOANNE F 1028 NO. CHANCE WAY INVERNESS FL 34453	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12e	STV PATTON, CHRISTOPHER J 2416 NO. ESSEX AVENUE HERNANDO FL 34442	22 NAME	
12f	D CROWLEY, EILEEN M 1641 EAST WESTGATE LANE HERNANDO FL 34442	23 STREET ADDRESS	
12g		24 CITY, STATE, ZIP	
12h		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12i		32 NAME	
12j		33 STREET ADDRESS	
12k		34 CITY, STATE, ZIP	
12l		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12m		42 NAME	
12n		43 STREET ADDRESS	
12o		44 CITY, STATE, ZIP	
12p		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12q		52 NAME	
12r		53 STREET ADDRESS	
12s		54 CITY, STATE, ZIP	
12t		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12u		62 NAME	
12v		63 STREET ADDRESS	
12w		64 CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that I am duly qualified to act as a registered agent for the corporation in the State of Florida. I further certify that the information indicated on this report is a true and correct copy of the information reported to the Secretary of State, and that my signature shall have the same legal effect as if made under oath. That I have no effect of this report on the corporation or the removal of the corporation's name from the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of the Block 1 of the report as an attachment with an address.

SIGNATURE: *Robert P. Crowley* ROBERT P. CROWLEY, PRESIDENT 2/27/95 904-527-0005