FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

FT MYERS FL

pt myeas fl

CRITTOEN, KATHRYN N

CRITTENDEN, EDWARD R

\$ 2250 FOWLER STREET

FT MYERS FL 33902

C/Q-2250 FOWLER ST

CITY- ST

THEF

NAME

TITLE

NAME

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NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

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CHTY - ST - ZiP

CITY-ST-ZIP

CITY: ST. ZIE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000017506 (3)

CRITTENDEN ADJUSTMENT COMPANY (FLORIDA), INC.

Principal Place of Business Mailing Address 2250 FOWLER STREET 2250 FOWLER STREET FT MYERS FL 33901-3806 FT MYERS FL 33902 3. Date Incorporated or Qualified Date of Last Report 02/27/1995 04/17/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0559594 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country ZiD This corporation has liability for intengible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CRITTENDEN, EDWARD R 2250 FOWLER STREET 82 Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33902 83 84 City Zip Code 85 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 Signarine typed or ported name of regetered agent and title if applicable (NOTE: Registered Agent s-gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6) 12. 13. DELFTE Change Addition 11 TITLE THILE CRITTENDEN, ARCHER 1.2 NAME NAM % 2250 FOWLER STREET 1.3 STREET ADDRESS STREET ADDRESS PT MYERS FL 33902 1.4 CITY-ST-ZIP CITY - S1 Change Addition DELETE 21 TITLE TOL CRITTSON, TERESA J 2.2 NAME NAME C/O 2250 FOWLER ST 2.3 STREET ADDRESS STREET ADDRESS Theresa J. Crittenden

2 4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY - ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

PREDAENT

3.4. CITY - ST - ZIP

31 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

DELETE

NO LYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.4 CITY-ST-ZIP CITY - ST- 21P d with this filing does not qualify for the exemption stated in Section 119.07(3)(I). Florida Statutes. I further certify that the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that 14. I do hereby certify that the information suppli-information indicated on this applied report of Lami an officer or director of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name on an attachment with an address. appears in Block 12 or Bloc

HEOURED **GNATURE:**

Change

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Addition

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Addition

Addition

FILED

Apr 17 1997 8:00am

Secretary of State