

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90022 017 ***150.00

DOCUMENT # P97000078145

1. Entity Name
MARKHAM CRAWFORD, INC.

Principal Place of Business P.O. BOX 8021 FT. WALTON BEACH FL 32548	Mailing Address P.O. BOX 8021 FT. WALTON BEACH FL 32548
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>634 Brookhaven Way</i>	3. Mailing Address <i>634 Brookhaven Way</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Niceville FL</i>	City & State <i>Niceville FL</i>
Zip <i>32578</i>	Zip <i>32578</i>
Country <i>OKaloosa</i>	Country <i>OKaloosa</i>

4. FEI Number 59-3482985	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MARKHAM-CRAWFORD, NAOMI D
634 BROOKHAVEN WAY
NICEVILLE FL 32578

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE *Naomi D Markham Crawford* DATE *4/16/01*
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D MARKHAM-CRAWFORD, NAOMI D P.O. BOX 8021 FT. WALTON BEACH FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Markham-Crawford Naomi D 634 Brookhaven Way Niceville FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Naomi D Markham Crawford* DATE *4/16/01* 850-897-2448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Naomi D Markham-Crawford

CR2E034 (10/00)