

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # G30398

(3)

1. Corporation Name

CROWLEY ENTERPRISES, INC.

Principal Place of Business

187 TOLLGATE BRANCH
LONGWOOD FL 32750

Mailing Address

187 TOLLGATE BRANCH
LONGWOOD FL 32750

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1983

4. FEI Number

59-2274056

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes ☐ No

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

9. Name and Address of Current Registered Agent

CROWLEY, HERBERT W.
144 HERON BAY CIRCLE
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

81 Name CROWLEY, HERBERT W
82 Street Address (P.O. Box Number is Not Acceptable) 187 TOLLGATE BRANCH
83
84 City LONGWOOD FL 85 Zip Code 32750

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	CROWLEY, HERBERT W.	
STREET ADDRESS	144 HERON BAY CIR.	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	VSD	☐ DELETE
NAME	CROWLEY, DEBORAH	
STREET ADDRESS	144 HERON BAY CIR.	
CITY-ST-ZIP	LAKE MARY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	☒ Change ☐ Addition
1.2 NAME	CROWLEY, HERBERT W	
1.3 STREET ADDRESS	187 TOLLGATE BRANCH	
1.4 CITY-ST-ZIP	LONGWOOD, FL 32750	
2.1 TITLE	VSD	☒ Change ☐ Addition
2.2 NAME	CROWLEY, DEBORAH	
2.3 STREET ADDRESS	187 TOLLGATE BRANCH	
2.4 CITY-ST-ZIP	LONGWOOD, FL 32750	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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:

Herbert W. Crowley

9/5/98

407 831 8265

CR2E034 (5/98)