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Mar 12, 1999 8:00 am  
Secretary of State

03-12-1999 90019 002 \*1,350.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 257324

1. Corporation Name  
CROWN MANAGEMENT SERVICES, INC.

Principal Place of Business  
1501 N GUILLEMARD ST  
PENSACOLA FL 32501  
US

Mailing Address  
1501 N GUILLEMARD ST  
P.O. BOX 2741  
PENSACOLA FL 32501  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/27/1962

4. FEI Number  
59-0967475  
Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1501 N. Guillemard St.

22 City & State

27 Pensacola, FL

23 Zip

Country

28 Zip

Country

24

25

29 32501

30

Escambia

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BELLEAU, GEORGE  
1501 NORTH GUILLEMARD ST  
PENSACOLA FL 32501

81 Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BELLEAU, GEORGE A  
STREET ADDRESS 2120 E MALLORY ST  
CITY-ST-ZIP PENSACOLA FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE STD  
NAME BELLEAU, ANN F  
STREET ADDRESS 2120 E MALLORY ST  
CITY-ST-ZIP PENSACOLA FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE V  
NAME HAFERKAMP, DONALD L  
STREET ADDRESS 2361 OSCEOLA BLVD.  
CITY-ST-ZIP PENSACOLA FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE S  
NAME HAFERKAMP, KELLI B  
STREET ADDRESS 2361 OSCEOLA BLVD.  
CITY-ST-ZIP PENSACOLA FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE T  
NAME KRAUSE, BRENDA F  
STREET ADDRESS 6100 HAPPY HOLLOW DRIVE  
CITY-ST-ZIP MILTON FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE V  
NAME W. Kelly Smythe  
STREET ADDRESS 9335 Woodrun Rd.  
CITY-ST-ZIP Pensacola, FL 32514

6.1 TITLE  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99 (850)469-9909

Date

Daytime Phone #

CR2E034 (11/98)