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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 257836

(7)

1. Corporation Name

CRAWFORD ELECTRIC, INC.



Principal Place of Business

BILL P CRAWFORD
3925 S W 82ND AVENUE
MIAMI FL 33155

Mailing Address

BILL P CRAWFORD
3925 S W 82ND AVENUE
MIAMI FL 33155-6706

3. Date Incorporated or Qualified
04/09/1962

3a. Date of Last Report
04/09/1996

2. Principal Place of Business

21

2a. Mailing Address

26

4127 PALOMA Pt. Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

JACKSONVILLE, FL

Zip

Country

24

29

32217

Country

30

USA

4. FEI Number

59-0973272

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CRAWFORD, BILL P
3925 SW 82ND AVE
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name

BILL P. CRAWFORD

82 Street Address (P.O. Box Number is Not Acceptable)

83

4127 PALOMA POINT COURT

84 City

JACKSONVILLE

FL

85 Zip Code

32217

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 *Bill P. Crawford*
(Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE 2/4/97

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CRAWFORD, BILL P
STREET ADDRESS 3925 S.W. 82ND AVENUE
CITY - ST - ZIP MIAMI FL

TITLE D ☐ DELETE

NAME MARCH, DONALD F
STREET ADDRESS 3925 S.W. 82ND AVENUE
CITY - ST - ZIP MIAMI FL

TITLE D ☐ DELETE

NAME CRAWFORD, BARBARA
STREET ADDRESS 3925 S.W. 82ND AVENUE
CITY - ST - ZIP MIAMI 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 do 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: *Bill P. Crawford*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/97 904-739-0711
Date Daytime Phone #

CR2E034 (9/96)