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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 257836

Corporation Name

CRAWFORD ELECTRIC, INC.

Principal Place of Business Mailing Address BILL P CRAWFORD 4127 PALOMA PT CT 3925 S W 82ND AVENUE JACKSONVILLE FL 32217 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/09/1962 2. Principal Place of Business 2a. Mailing Address 4 FEI Number Applied For 21 26 59-0973272 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired П 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible 24 30 Personal Property Tax. □No ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CRAWFORD, BILL P 82 Street Address (P.O. Box Number is Not Acceptable) 4127 PALOMA POINT CT JACKSONVILLE FL 32217 83 1 111 84 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 TITLE DELETE 1.1 TITLE ☐ Addition ☐ Change NAME CRAWFORD, BILL P 1.2 NAME 3925 S.W. 82ND AVENUE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CiTY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE TITLE 2.1 TITLE ☐ Change Addition CRAWFORD, BARBARA NAME 2.2 NAME 3925 S.W. 82ND AVENUE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ DELETE TITLE 3.1 TITLE ☐ Change [] Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE ☐ DELETE 41 TILE ☐ Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE ☐ DELETE 5.1 TITLE ☐ Change Addition 5.2 NAME NAME STREET ADORESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ DELETE 61 TITLE ☐ Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 of the receiver or trustee empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed of the nataching of the address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

199 904-139-011

FILED

Feb 17, 1999 8:00am

Secretary of State

02-17-1999 90090 049 ***150.00

CR2E034 (11/98)