

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 437366 (8)
1. Corporation Name
CRAWFISH, INC.



Principal Place of Business

Mailing Address

2224 1/2 N.W. 6TH STREET
P.O. BOX 14287
GAINESVILLE FL 32604-9287

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P.O. BOX 14287
GAINESVILLE FL 32604-9287

3. Date Incorporated or Qualified

10/02/1973

3a. Date of Last Report

11/13/1995

2. Principal Place of Business

2a. Mailing Address

21 608 NW 13th St.

26 P.O. BOX 14287

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Gainesville, FL

28 GAINESVILLE FL 32604-9287

24 Zip

Country

29 Zip

Country

32601

25 Alachua

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARSEN, JAMES S.
608 N.W. 13TH STREET
GAINESVILLE FL 32602

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 607.0501 and 607.0508, 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, type or printed name of registered agent and then applicable

(NOTE: Registered Agent signature required when reinstating)

4/25/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PS
NAME LARSEN, JAMES S.
STREET ADDRESS 608 N.W. 13 STREET
CITY-ST-ZIP GAINESVILLE FL

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

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: James S. Larsen, PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96 904-372-8546

Date

Daytime Phone #

CR2E034 (12/95)