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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 PM 1:50

DOCUMENT # 476026 (0)

1. Corporation Name

ALLEN CRAWFORD & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
6512 SAYLERS CREEK RD TALLAHASSEE FL 32309-110 US	6515 SAYLERS CREEK RD TALLAHASSEE FL 32308 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/07/1975
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-1604750 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26 6512 SAYLERS CK.RD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State TALLAHASSEE FL
24 Zip / 25 Country	29 Zip 32308-9110 / 30 Country USA

9. Name and Address of Current Registered Agent

CRAWFORD, ALLEN H.
6512 SAYLERS CREEK RD
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CRAWFORD, ALLEN H.
STREET ADDRESS	6512 SAYLERS CREEK RD
CITY-ST-ZIP	TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

2 1 TITLE	VPD	☐ Change ☒ Addition
2 2 NAME	KANE-CRAWFORD, AMALIA F.	
2 3 STREET ADDRESS	6512 SAYLERS CREEK RD	
2 4 CITY-ST-ZIP	TALLAHASSEE, FL 32308-9110	

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)(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: Allen H. Crawford (signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Allen H. CRAWFORD

01-17-95 Date
(904) 878-9020 Daytime Phone #

0028722 CP