

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

FILED

Feb 10 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 # 476026 (0)

1. Corporation Name
ALLEN CRAWFORD & ASSOCIATES, INC.



Principal Place of Business

6512 SAYLERS CREEK RD
TALLAHASSEE FL 32308-9110
US

Mailing Address

6512 SAYLERS CREEK RD
TALLAHASSEE FL 32308-9110
US

3. Date Incorporated or Qualified 05/07/1975
3a. Date of Last Report 02/27/1996

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 3946 LAKE BLUFF LANE 26 3946 LAKE BLUFF LANE
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State HAVANA, FL
23 Zip 32333 Country US

27 City & State HAVANA, FL
28 Zip 32333 Country US

24 32333 25 US

29 32333 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 3946 LAKE BLUFF LANE
83
84 City HAVANA FL 85 Zip Code 32333

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 ALLEN H. CRAWFORD (NOTE: Registered Agent signature required when resigning) DATE 2/3/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | CRAWFORD, ALLEN H. | |
| STREET ADDRESS | 6512 SAYLERS CREEK RD | |
| CITY - ST - ZIP | TALLAHASSEE FL | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | KANE-CRAWFORD AMALIA F | |
| STREET ADDRESS | 6512 SAYLERS CR RD | |
| CITY - ST - ZIP | TALLAHASSEE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 3946 LAKE BLUFF LANE |
| 1.4 CITY - ST - ZIP | HAVANA, FL 32333 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 3946 LAKE BLUFF LANE |
| 2.4 CITY - ST - ZIP | HAVANA, FL 32333 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 included 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 2/3/97 539-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)