FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **499522** **(1)**

1. Corporation Name
TOM CRABTREE WHOLESALE CO., INC.

Principal Place of Business	Mailing Address
608 REID STREET **PALATKA FL 32177-0000**	**608 REID STREET** **PALATKA FL 32177-0000**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/22/1976**
3a. Date of Last Report: **04/08/1994**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip / 25 Country	29	Zip / 30 Country

4. FEI Number: **59-1666750** ☐ 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

CRABTREE, THOMAS J.
608 REID ST.
PALATKA FL 32077

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	V	☒ Change ☐ Addition
NAME	CRABTREE, THOMAS J.	1.2 NAME	DAVIS, LEON B.	(DeLete)
STREET ADDRESS	608 REID ST.	1.3 STREET ADDRESS	RT 3 BOX 1842	
CITY-ST-ZIP	PALATKA FL	1.4 CITY-ST-ZIP	PALATKA, FLA	
TITLE	S	2.1 TITLE	V	☐ Change ☒ Addition
NAME	CRABTREE, VIRGINIA A.	2.2 NAME	DANIEL N. CRABTREE	
STREET ADDRESS	608 REID ST.	2.3 STREET ADDRESS	162 N South Palm Ave	
CITY-ST-ZIP	PALATKA FL	2.4 CITY-ST-ZIP	PALATKA, FLA 32177	
TITLE	D	3.1 TITLE	V	☐ Change ☒ Addition
NAME	CRABTREE, VIRGINIA A.	3.2 NAME	HARRY TYRE	
STREET ADDRESS	608 REID ST.	3.3. STREET ADDRESS	P.O. Box 945	
CITY-ST-ZIP	PALATKA FL	3.4 CITY-ST-ZIP	PALATKA, FLA 32178	
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, LEON B.	4.2 NAME		
STREET ADDRESS	RT 3 BOX 1842	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Thomas J. Crabtree 3/29/95 904/328-9231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Thomas J. CRABTREE

0019100 CP