

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 25 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 638109 (9)

1. Corporation Name
CRANBROOK, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**3225 SOUTHSIDE BLVD.
#2
JACKSONVILLE FL-32216
US**

Mailing Address
**P.O. BOX 17156
P.O. BOX 54005
JACKSONVILLE FL 32245-7156
US**

3. Date Incorporated or Qualified **10/01/1979** 3a. Date of Last Report **05/01/1994**

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

4. FEI Number **59-1991072** Applied For []
Not Applicable []

5. Certificate of Status Desired [] **\$0.75** 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
**KENNARD, THOMAS O. ; JR.
3225 SOUTHSIDE BLVD. #2
P.O. BOX 54005
JACKSONVILLE FL 32245**

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	KENNARD, RUTH S.
STREET ADDRESS	8260 ROCK HILL LANE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VD
NAME	KENNARD, THOMAS O JR
STREET ADDRESS	8260 ROCK HILL LANE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	STD
NAME	JENNISON, ELIZABETH K.
STREET ADDRESS	10252 PINEBREEZE RD.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[] Change [] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	[] Change [] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	[] Change [] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	[] Change [] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	[] Change [] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	[] Change [] 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 O. Kennard, Jr.* 4-21-95 (904) 642-9003
SIGNATURE AND FILED BY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #