

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 644341

(0)

1. Corporation Name

BOB CRAWFORD, INC.

Principal Place of Business

204 S MONROE ST
SUITE # 201
TALLAHASSEE FL 32301
US

Mailing Address

P O BOX 10868
~~P O BOX 9445~~
TALLAHASSEE FL 32302
US



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

County

28

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

CRAWFORD, BOB
P O BOX 9445
549 POPE AVE STE 103
WINTER HAVEN FL 33881

81 Name

82 Street Address (P O Box Number is Not Acceptable)

204 S MONROE ST SUITE 201

83

P.O. BOX 10868

84

TALLAHASSEE

FL

85

Zip Code
32301

11. Pursuant to the provisions of Sections 607.004 and 607.005, 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.005, Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Agent for Service of Process

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

VP

☐ DELETE

NAME

CRAWFORD, NANCY C

STREET ADDRESS

204 S MONROE ST SUITE 201

CITY, ST, ZIP

TALLAHASSEE FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

14. I hereby certify that the information supplied with this filing 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 filing 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 this corporation or that I am an authorized agent of the corporation, and that my signature is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or new, or both, with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature of Agent for Service of Process

CR2E034 (12/95)