CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 654182 (5)

1. Corporation Name
J. STEPHEN CRAWFORD, CHARTERED

Mailing Address	Principal Place of Business
5551 RIDGEWOOD DRIVE STE 201 SUITE 201 NAPLES FL 33963	5551 RIDGEWOOD DRIVE STE 201 SUITE 201 NAPLES FL 33963

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

	Mailing Address		Principal Place of Business
2. / 21	Mailing Address: 801 Laurel Oak Drive	2a. / 26	Principal Place of Business: 801 Laurel Oak Drive
22	Suite, Apt. #, etc: Suite 420	27	Suite, Apt. #, etc: Suite 420
23	City & State: Naples, FL	28	City & State: Naples, FL
24	Zip: 33963	29	Zip: 33963
25	Country: USA	30	Country: USA

3. Date Incorporated or Qualified: 01/30/1980
3a. Date of Last Report: 04/19/1993
4. FEI Number: 59-1969704 — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CRAWFORD, J STEPHEN
~~5551 RIDGEWOOD DRIVE, SUITE 201~~
~~SUITE 212~~
NAPLES FL 33963

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable): 801 Laurel Oak Drive
83	Suite 420
84	City: Naples, FL
85	Zip Code: 33963

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0505, Florida Statutes.

SIGNATURE ____________________

12. OFFICERS AND DIRECTORS

1.1 TITLE	P/D
1.2 NAME	CRAWFORD, J STEPHEN
1.3 STREET ADDRESS	~~5551 RIDGEWOOD DR. #201~~
1.4 CITY ST ZIP	NAPLES FL
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	801 Laurel Oak Drive, Suite 420
1.4 CITY ST ZIP	Naples, Florida 33963
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with the filing [illegible] 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 [illegible] 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 [illegible] Florida Statutes; and that my name appears in Block [illegible] or Block [illegible] if changed, or on an attachment with an address.

SIGNATURE: J. Stephen Crawford, Pres. — 813/591-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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