

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 761557 (8)

1. Corporation Name

CRIME TRAC, INCORPORATED

Principal Place of Business

721 N.W. 6TH STREET  
GAINESVILLE FL 32601

Mailing Address

721 N.W. 6TH STREET  
GAINESVILLE FL 32601

3. Date incorporated or Qualified  
01/21/1982

3a. Date of Last Report  
05/01/1995

4. FEI Number  
59-2374619

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

DENNIS, LT. DON  
721 NW 6TH STREET  
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name  
Bishop, Lt. Carol  
82 Street Address (P.O. Box Number is Not Acceptable)  
721 NW 6th Street  
83  
84 City  
Gainesville FL 85 Zip Code  
32601

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

April 24, 1996

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CPD  
TOOLEY, DARYL  
6220 NW 43RD ST  
GAINESVILLE FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
SANDIN, GEORGE  
411 N MAIN ST  
GAINESVILLE FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
GARRIS, SHARON LEE  
2700 SW 13TH ST  
GAINESVILLE FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
BETTE, KERR  
2700 SW 13TH ST  
GAINESVILLE FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
YORK, GUY  
8116 SW 55TH PLACE  
GAINESVILLE FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
DAVIS, DAVID  
6301 NEWBERRY RD  
GAINESVILLE FL ☒ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
CPD  
Ause Brown  
5 SW 2nd Place, Gainesville FL ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
TD  
George Sandin  
411 N. Main Street  
Gainesville, FL ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
SD  
Sharon Lee  
2700 SW 13th Street  
Gainesville, FL ☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
VD  
J. Kent Walker  
3522 SW 42nd Avenue  
Gainesville, FL ☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
D  
Guy York  
8116 SW 55th Place  
Gainesville, FL ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
D  
Daryl Tooley  
6220 NW 43rd St.  
Gainesville, FL ☒ Change ☐ Addition

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/96 352-374-5069

CR2E037 (12/95)

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