FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:09

DOCUMENT # **765174** **(8)**

1. Corporation Name

THE FLORIDA CRIME COMMISSION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 10504 TALLAHASSEE FL 32302-2504	P.O. BOX 10504 TALLAHASSEE FL 32302-2504

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1982
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2202970 ☐ 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 ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

DUNCAN, TED JR.
2300 CENERVILLE RD
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

81 Name: Ted Duncan, Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 2822 Vann Circle
83
84 City: Tallahassee **FL** 85 Zip Code: 32312

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	VCD	1.1 TITLE	VCD	☒ Change ☐ Addition
NAME	LANGFORD, GEORGE	1.2 NAME	George Langford	
STREET ADDRESS	MUNICIPAL CODE CORP.	1.3 STREET ADDRESS	1700 SW Capital Circle	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, Fl. 32310	
TITLE	CD	2.1 TITLE		☐ Change ☐ Addition
NAME	DUNN, EDGAR M JR	2.2 NAME		
STREET ADDRESS	347 S RIDGEWOOD AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA FL	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE	STD	XX Change ☐ Addition
NAME	DRAKE, FRED O JR	3.2 NAME	Tommy Waits	
STREET ADDRESS	2032-D THOMASVILLE RD	3.3 STREET ADDRESS	120 S. Duval Street	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee, Fl. 32310	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	DUNCAN, TED	4.2 NAME		
STREET ADDRESS	P.O. BOX 10504 (NA)	4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: E. D. Duncan, Jr. 02/01/95 (904) 385-0821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027031