FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F16660** **(5)**

1. Corporation Name

JACKSONVILLE CRAWDADDY CORPORATION

Principal Place of Business	Mailing Address
4155 E LA PALMA AVE SUITE 250 ANAHEIM CA 92807	4155 E LA PALMA AVE SUITE 250 ANAHEIM CA 92807

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 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **01/29/1981**

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

4. FEI Number: **95-3566746** ☐ 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

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MCMAHON, JUDITH		12 NAME	
STREET ADDRESS	4155 E LA PALMA AVE #250		13 STREET ADDRESS	
CITY-ST-ZIP	ANAHEIM CA		14 CITY ST ZIP	
TITLE	DV	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	TALLICHET, CECILIA		22 NAME	
STREET ADDRESS	4155 E LA PALMA AVE #250		23 STREET ADDRESS	
CITY-ST-ZIP	ANAHEIM CA		24 CITY ST ZIP	
TITLE	PD	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	TALLICHET, DAVID C JR		32 NAME	
STREET ADDRESS	4155 E LA PALMA AVE #250		33 STREET ADDRESS	
CITY-ST-ZIP	ANAHEIM CA		34 CITY ST ZIP	
TITLE	AT	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	ROYSE, BOB D.		42 NAME	
STREET ADDRESS	4155 E LA PALMA AVE #250		43 STREET ADDRESS	
CITY-ST-ZIP	ANAHEIM CA		44 CITY ST ZIP	
TITLE	ST	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	TALLICHET, CECILIA		52 NAME	
STREET ADDRESS	4155 E LA PALMA AVE #250		53 STREET ADDRESS	
CITY-ST-ZIP	ANAHEIM CA		54 CITY ST ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY ST ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, accurate and complete. 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: Bob Royse Bob Royse 3/24/96 (714) 579-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER