

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F36021

1. Corporation Name
CROSBY'S, INCORPORATED

Principal Place of Business
RT 12, BOX 1002
TALLAHASSEE FL 32310

Mailing Address
RT 12, BOX 1002
TALLAHASSEE FL 32310

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90077 030 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1981

4. FEI Number

59-2096390

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 509 Oakridge Rd.

Suite, Apt. #, etc.

22 City & State

23 Tallahassee, FL

Zip

24 32310

Country

25 USA

2a. Mailing Address

26 509 Oakridge Rd.

Suite, Apt. #, etc.

27 City & State

28 Tallahassee, FL

Zip

29 32310

Country

30 USA

9. Name and Address of Current Registered Agent

SHIELDS, JOSEPH L
122 N ADAMS ST PO BOX 10452
TALLAHASSEE FL FL 32304

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME CROSBY, OLIVER ZELOTES
STREET ADDRESS RT 12 BX 1002
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE S
NAME CROSBY, JUDITH W.
STREET ADDRESS RT 12, BOX 1002
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 509 Oakridge Rd.

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 509 Oakridge Rd.

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

OSIEL W. CROSBY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

421-4720

Daytime Phone #

CR2E034 (11/98)