FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 21 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F52541 (2)

1. Corporation Name

CRAWFORD, GAUSE, KLOS, REYNOLDS & YEAGER, P.A.

Principal Place of Business	Mailing Address
C/O DONALD G CRAWFORD 7300 FOURTH ST N ST PETERSBURG FL 33702	C/O DONALD G CRAWFORD 7300 FOURTH ST N ST PETERSBURG FL 33702

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/01/1981
3a. Date of Last Report: 01/25/1994

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

4. FEI Number: 59-2131788 ☐ 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

CRAWFORD, DONALD G
7300 4TH ST NO
ST PETERSBURG FL 33702

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
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	VD	11 TITLE	D ☐ Change ☒ Addition
NAME	GAUSE, CURTIS E	12 NAME	Block, Donald D III
STREET ADDRESS	1601 43RD STREET NO	13 STREET ADDRESS	1974 Iowa Ave NE
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	St. Petersburg, Fl 33703
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	CRAWFORD, DONALD G	22 NAME	
STREET ADDRESS	968 31ST TERR NE	23 STREET ADDRESS	
CITY-ST-ZIP	ST PETE, FL 0	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	REYNOLDS, MICHAEL J	32 NAME	
STREET ADDRESS	6160 IRVING CIR N	33 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 0	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	YEAGER, GRESHAM L	42 NAME	
STREET ADDRESS	1315 PINE ST SW	43 STREET ADDRESS	
CITY-ST-ZIP	LARGO, FL 0	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	KLOS, JAREMA W.	52 NAME	
STREET ADDRESS	2239 WILLOWBROOK DR	53 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	54 CITY-ST-ZIP	
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	CRAWFORD, THOMAS W.	62 NAME	
STREET ADDRESS	4132 10TH STREET N.E.	63 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	64 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald G Crawford 4-17-95 (813) 521-1818
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
DONALD G. CRAWFORD

0448200 FP