

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

FILED

Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

3. Date Incorporated or Qualified 11/01/1981	3a. Date of Last Report 05/01/1996
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	

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

9. Name and Address of Current Registered Agent
CRAWFORD, DONALD G
7300 4TH ST NO
ST PETERSBURG FL FL 33702

81 Name DONALD D. BLACK
82 Street Address (P.O. Box Number is Not Acceptable) 7300 4th STREET NO.
83
84 City ST. PETERSBURG, FL
85 Zip Code 33702

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 **DONALD D. BLACK**

Signature, type or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

1/28/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAUSE, CURTIS E 1601 43RD STREET NO ST. PETERSBURG FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/C/M/D DONALD D. BLACK 1974 Iowa Ave. NE St. Petersburg, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRAWFORD, DONALD G 968 31ST TERR NE ST PETERSBURG FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYNOLDS, MICHAEL J 6160 IRVING CIR N SEMINOLE FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YEAGER, GRESHAM L 1315 PINE ST SW LARGO FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KLOS, JAREMA W. 2239 WILLOWBROOK DR CLEARWATER FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRAWFORD, THOMAS W. 4132 10TH STREET N.E. ST PETERSBURG FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do 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 registered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/97 **813-521-1818**

CR2E034 (9/96)