

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

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90037 016 \*\*\*150.00

DOCUMENT # F78069

1. Corporation Name

CRAWLER CORPORATION

Principal Place of Business

123 BAYSHORE WAY  
GOODLAND FL 33933  
US

Mailing Address

P.O. BOX 35  
GOODLAND FL 33933  
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

04/28/1982

4. FEI Number

59-2282675

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

2a. Mailing Address

21 123 Bayshore Way  
Suite, Apt. #, etc.

26 P.O. Box 158  
Suite, Apt. #, etc.

22 Goodland, FL  
City & State

27 Goodland, FL  
City & State

23 34140 USA  
Zip Country

28 34140 USA  
Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

WEBSTER, RONALD S  
985 N COLLIER BLVD.  
MARCO ISLAND FL 34145

10. Name and Address of New Registered Agent

81 Name

Richard D. Sparkman

82 Street Address (P.O. Box Number is Not Acceptable)

307 Airport Pulling Road North

83

Naples

84 City

FL

85 Zip Code  
34104

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

4/21/99

12. OFFICERS AND DIRECTORS

TITLE PT ☒ DELETE

NAME CAMERON, JO  
STREET ADDRESS 128 BAYSHORE WAY  
CITY-ST-ZIP GOODLAND FL

TITLE VS ☒ DELETE

NAME HAMPTON, TERRY  
STREET ADDRESS 256 BALTUSROL ST.  
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, Pres., Sec. ☐ Change ☐ Addition

1.2 NAME Clyde S. Cameron

1.3 STREET ADDRESS 127 Bayshore Way

1.4 CITY-ST-ZIP Goodland, FL 34140

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

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 a letter like empowered.

SIGNATURE:

Clyde S. Cameron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99-941-394-8447

Date

Daytime Phone #

CR2E034 (11/98)

0455034