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Jun 24 1998 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F93000005784 (4)

1. Corporation Name

Crawford-T HG, Inc.

Principal Place of Business

TWO CONCOURSE PARKWAY
SUITE 850
ATLANTA GA 30328

Mailing Address

PO BOX 5047
CORP TAX 9768
ATLANTA GA 30302
US
2106

2. Principal Place of Business

21 5620 Glenridge Dr. NE
Suite, Apt. #, etc.

22 City & State

23 Atlanta GA

24 Zip 30342 25 Country

26

26 Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

12/21/1993

4. FEI Number

68-0243489

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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 type (principal, director, officer, registered agent and filer is optional)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PCD
SMITH, DENNIS A
STREET ADDRESS 5620 GLENRIDGE DR
CITY-ST-ZIP ATLANTA GA

TITLE ☐ DELETE

NAME EVPD
CHAPMAN, DONALD R
STREET ADDRESS 5620 GLENRIDGE DR
CITY-ST-ZIP ATLANTA GA

TITLE ☐ DELETE

NAME VPS
OSTER, JUDD S
STREET ADDRESS 5620 GLENRIDGE DR
CITY-ST-ZIP ATLANTA GA

TITLE ☐ DELETE

NAME VPT
STACHLER, KENNETH R
STREET ADDRESS 5620 GLENRIDGE DR
CITY-ST-ZIP ATLANTA GA

TITLE ☐ DELETE

NAME D
MEYERS, A.L.
STREET ADDRESS 5620 GLENRIDGE DR
CITY-ST-ZIP ATLANTA GA

TITLE ☐ DELETE

NAME D
BOWAN, JEFF T
STREET ADDRESS 5620 GLENRIDGE DR
CITY-ST-ZIP ATLANTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Judd F. Osten (Name Correction)

8000002571085

06/24/98-01053-040

***150.00

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 changing or on an attachment with an address.

CR2E034 (10/97)