

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000003233 (3)

1. Corporation Name

CRANBROOK, INC. A VIRGINIA CORPORATION



Principal Place of Business

Mailing Address

2 EATON ST., SUITE 1100
HAMPTON VA 23669

2 EATON ST., SUITE 1100
HAMPTON VA 23669

3. Date Incorporated or Qualified

06/20/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

54-1722701

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 date of filing)

(NOTE: Registered Agent signature is not required)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
JOSEPH, EDWIN A
STREET ADDRESS
2 EATON ST., #1100
CITY-ST-ZIP
HAMPTON VA 23669

1.1 TITLE ☐ Change ☒ Addition

NAME
Byrne, Joseph P.
1.2 NAME
2 Eaton Street, Suite 1100
1.3 STREET ADDRESS
Hampton, VA
1.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME
JOSEPH, JAMES R
STREET ADDRESS
2 EATON ST., #1100
CITY-ST-ZIP
HAMPTON VA 23669

2.1 TITLE ☐ Change ☒ Addition

NAME
Assistant Secretary
2.2 NAME
Allen, Kenneth L.
2.3 STREET ADDRESS
2 Eaton Street, Suite 1100
2.4 CITY-ST-ZIP
Hampton, VA.

TITLE ☒ DELETE

NAME
STONEHAM, CHARLES
STREET ADDRESS
2 EATON ST., #1100
CITY-ST-ZIP
HAMPTON VA 23669

3.1 TITLE ☐ Change ☐ Addition

NAME
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96

(804) 722-5211

Date

Daytime Phone #

CR2E034 (12/95)