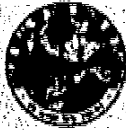


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 7:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G13573

(2)

1. Corporation Name

CRIDER & ABBOTT, P.A.

Principal Place of Business

**521 W FT ISLAND TRAIL, SUITE A
P.O. BOX 2410
CRYSTAL RIVER FL 32629**

Mailing Address

**521 W FT ISLAND TRAIL, SUITE A
P.O. BOX 2410
CRYSTAL RIVER FL 32629**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/15/1982

3a. Date of Last Report

02/14/1994

4. FEI Number

59-2262596

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. 189 (32),
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

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Suite, Apt. #, etc.

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City & State

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Zip

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Country

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2a. Mailing Address

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Suite, Apt. #, etc.

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City & State

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Zip

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Country

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9. Name and Address of Current Registered Agent

**CRIDER, JOHN
521 W FT ISLAND TRAIL, SUITE A
CRYSTAL RIVER FL 32629**

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, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

CRIDER, JOHN

STREET ADDRESS

**521 W FT ISLD TRL, STE A
CRYSTAL RIVER, FL 00000**

CITY - ST - ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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☐ Change

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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:

John Crider, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95

DATE

904-795-2546

PHONE NUMBER