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

95 MAY -1 AM 5:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # H03286 (2)

1. Entity Name
LARRY CRIDER PA

Principal Place of Business
16050 BAY POINT BLVD
N FT MYERS FL 33917
US

Mailing Address
16050 BAY POINT BLVD
P O BOX 10799
N FT MYERS FL 33917
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (if Qualified) 05/14/1984
3a. Date of Last Report 05/01/1994

2. Principal Place of Business 21
2a. Mailing Address 26

4. FEI Number 59-2421456
Applied For
Not Applicable

State Agt # (if any) 22
State Agt # (if any) 27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State 23
City & State 28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip 24 County 25
Zip 29 County 30

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PRAETE, V. A., PA
2375 TAMIAMI TR N STE 310
NAPLES FL 33941-4938

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 607.1005 and 607.1006, 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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS |
|---|---|---|
| Title | PD | ☐ Change ☐ Addition |
| Name | CRIDER, LARRY D. | |
| Address | 16050 BAY POINT BLVD. | |
| City-St-Zip | N. FT. MYERS FL | |
| Title | | ☐ Change ☐ Addition |
| Name | | |
| Address | | |
| City-St-Zip | | |
| Title | | ☐ Change ☐ Addition |
| Name | | |
| Address | | |
| City-St-Zip | | |
| Title | | ☐ Change ☐ Addition |
| Name | | |
| Address | | |
| City-St-Zip | | |
| Title | | ☐ Change ☐ Addition |
| Name | | |
| Address | | |
| City-St-Zip | | |
| Title | | ☐ Change ☐ Addition |
| Name | | |
| Address | | |
| City-St-Zip | | |

14. I certify that the information supplied with this filing is accurate, and that this report complies with the requirements of Section 607.1622, 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 with an address, with an X in the box, indicating I am a new officer or director with an address.

SIGNATURE: [signature] APR 27 1995
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date

0134200 CR