FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H24346** **(9)**

1. Corporation Name

DOUGLAS M. CROLEY, INC.

100001472781
-05/03/95--01041--022
*****200.00 *****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2814 REMINGTON CRCL. P.O. DRAWER 13619 TALLAHASSEE FL 32317-0619	2814 REMINGTON CRCL. P.O. DRAWER 13619 TALLAHASSEE FL 32317-0619

3. Date Incorporated or Qualified: **10/05/1984**
3a. Date of Last Report: **06/10/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
County — 25 / 30

4. FEI Number: **59-2460379** ☐ 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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CROLEY, DOUGLAS M. **2814 REMINGTON CRCL.** **TALLAHASSEE FL 32308**	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 _____ DATE
Signature, typed or printed name of Registered Agent and Title if Applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	CROLEY, DOUGLAS M.	12 NAME	
STREET ADDRESS	2814 REMINGTON CIRCLE	13 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	14 CITY ST ZIP	
TITLE	DST	21 TITLE	☐ Change ☐ Addition
NAME	CROLEY, DIANNE M.	22 NAME	
STREET ADDRESS	2814 REMINGTON CIRCLE	23 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	24 CITY ST ZIP	
TITLE	DVP	31 TITLE	☐ Change ☐ Addition
NAME	HEARL, ANGELA K	32 NAME	
STREET ADDRESS	2814 REMINGTON CIRCLE	33 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CABELL, DAVID M	42 NAME	
STREET ADDRESS	4101 NW 37TH PLACE SUITE C	43 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	CUTRER, JOHN J	52 NAME	
STREET ADDRESS	2814 REMINGTON CIRCLE	53 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL 32308	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: Dianne M. Croley *Dianne M. Croley* 4-28-95 (904)386-1922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0409843 PP