

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H25009

1. Corporation Name

CRAWFORD COMPUTERS INTERNATIONAL, INC.

Principal Place of Business

403 ANASTASIA BLVD., #1A
ST. AUGUSTINE FL 32084-8424
US

Mailing Address

403 ANASTASIA BLVD., #1A
ST. AUGUSTINE FL 32084-8424
US

2. Principal Place of Business

21 133 Menendez Road

2a. Mailing Address

26 P.O. Box 1013

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 St Augustine, FL

Zip Country

24 32084 FL 25 US

27 City & State

28 St Augustine, FL

Zip Country

29 32085-1013 30 US

9. Name and Address of Current Registered Agent

BERNHARD, GLENN
COMPUTER COTTAGE
403 ANASTASIA BLVD., STE. 1-A
ST. AUGUSTINE FL 32084

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1984

4. FEI Number

59-2463239

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 the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

133 Menendez Road

83

84 City

St Augustine

FL

85 Zip Code

32084

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME CRAWFORD, JIWAN
STREET ADDRESS 403 ANASTASIA BLVD #1A
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE V ☐ DELETE
NAME BERNHARD, GLENN
STREET ADDRESS 403 ANASTASIA BLVD #1A
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE President ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 133 Menendez Road
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN P. BERNHARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-1999 904-824-0200
Date Daytime Phone #

0021811

CR2E034 (11/98)