

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 # **H43936** (4)

1. Corporation Name

**CROCKER ENTERPRISES, INC.**



Principal Place of Business

**1181 BANCROFT ST.  
DELTONA FL 32725**

Mailing Address

**1181 BANCROFT ST.  
DELTONA FL 32725**

2. Principal Place of Business

2a. Mailing Address

21 **2092 Apple Ct**

26 **2092 Apple Ct**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Deltona, FL**

27 **Deltona, FL**

City & State

23 **32725**

24 **Volusia**

28 **32725**

29 **Volusia**

City & State

City & State

g. Name and Address of Current Registered Agent

**CROCKER, GARRICK D  
1181 BANCROFT ST.  
DELTONA FL 32725**

3. Date Incorporated or Qualified

**02/15/1985**

3a. Date of Last Report

**04/03/1995**

4. FEI Number

**59-2484485**

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

81 Name

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

**2092 Apple Ct**

83

84 City

**Deltona**

FL

85 Zip Code

**32725**

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

**Maricka Rogers Maricka Rogers VP**

**3/9/96**

Signature typed or printed name of registered agent and officer, if applicable

(NOTE: Registered Agent Signature Required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

P  
NAME: **CROCKER, SHELBY**  
STREET ADDRESS: **32 IRIS LANE**  
CITY-ST-ZIP: **DEBARY FL 32725**

☐ DELETE

ST  
NAME: **CROCKER, GARRICK, D**  
STREET ADDRESS: **1181 BANCROFT STREET**  
CITY-ST-ZIP: **DELTONA FL**

☐ DELETE

V  
NAME: **ROGERS, MARICKA**  
STREET ADDRESS: **1181 BANCROFT ST.**  
CITY-ST-ZIP: **DELTONA FL 32725**

☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

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

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

☒ Change ☐ Addition

**2092 Apple Ct**

☒ Change ☐ Addition

**2092 Apple Ct.**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: **Maricka Rogers Maricka Rogers VP** **3/9/96** **(904) 775-1115**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)