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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 17 1997 8:00am

Secretary of State

Daytime Priorie #

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H86083

(3)

LELAND G. CREWS, INC.

SIGNATURE:

Principal Place of Business Mailing Address						T 4 IDDIUSE DEDI INTID DELIA DIDIPI IDIDI DE T	II WARAN MERIN MEMERIN ME	#(1 #464) #101) \$0#(
1385 S.R. 70 E			1385 S.R. 70 E RT 3 BOX 685 LAKE PLACID FL 33852-9803						
RT 3 BOX 685 LAKE PLACID F	1 33952								
Dille rolog i	- www.		, , , , , , , , , , , , , , , , , , , ,			3. Date Incorporated or Qualified	3a. Date o	Last Report	
						11/20/1985	04/04/1	996	
2. Principal Pl	lace of Business	2a. Mailing	Address			4. FEI Number		Applied Fo	or
21		26	***************************************			59-2625306		Not Applic	,
Suite, Apt	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	27	ot. #, etc.	***************		5. Certificate of Status Desired	\$	8.75 Additions Fee Required	e.i
City & State	9	City & Si	tate			6. Election Campaign Financing		5.00 May Be	j j
23 Zip	Country	28 Zip		Country		Trust Fund Contribution		Added to Fees	
24	25	29 30		•	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No				
24	9. Name and Address of Current Registered Agent			1901		10. Name and Address of New Registered Agent			
CRE	WS, LELAND G.		······································	81	Name				
5 CR	EWS ROAD	•		82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
VENU	JS FL 33960			83					
				84	City		FL 8	Zip Code	
11 Purcuant	to the projections of Sections	607 0502 and 607 1508	Florida Statutae th	na about	e named coro	ration submits this statement for the		naina its registr	orod
office or ri	egistered agent, or both, in t m familiar with, and accept t	the State of Florida, Such i	change was autho	rized by	v the corporation	on's board of directors. I hereby acc	ept the appointr	nent as register	ed
	m tarmar mar, and accopt	are obligations or coolor	007.0000, 110.100	Oldinio	.,				
SIGNATURE	Signature, typod or porteo name of re-	pstered agent and title it applicable	(NOTE: Reg	istered Age	ent signature require	d when reinstating)	DATE	***************************************	
12.		ERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIF	ECTORS IN 12	
TITLE	DP	[DELETE	11 TITLE				Change 🔲 Ad	dition
NAME	CREWS, LELAND G.			1.2 NAME					
STREET ACORESS	5 CREWS RD			13 STREET	ADDRESS				
CITY-ST-7P	VENUS FL			1.4 CITY - S	ST-ZIP				
TIŤLE	DVS	٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ] DELETE	2.1 TITLE			ليا	Change L. Ad	dition
NAME	CREWS, JUANITA			2.2 NAME					
STREET ADDRESS	5 CREWS RD			2.3 STREET	ADDRESS				
CITY - ST - ZIP	VENUS FL			2.4 CITY-	ST-ZIP			<u> </u>	Later .
TIFLE		L	l l	3.1 TITLE			Ļ	Change	ldition
NAME				3.2 NAME					
STREET ADDRESS					ADDRESS				
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TITLE		L		4.1 TITLE			Ц	onange LI AO	VICION
NAME Process approach				4.2 NAME					
STREET ADDRESS					ADORESS				
CITY - ST - ZIP				4.4 CITY - S 5.1 TITLE	SI-ZIP	·····	<u> </u>	Change Ad	ldition
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NAME etheet konnesse			B		T ADDRESS				
STREET ADDRESS			1						
CITY-ST-ZIP TITLE				5.4 CITY-5 6.1 TITLE	S1-21P			Change Ad	Idition
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NAME PURICY ADDROSES				6.2 NAME	r Annorce				
STREET ADDRESS				o.a SIMEEL	I ADDRESS				

14. I do 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.