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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **H87849** **(6)**

1. Corporation Name
CRAWFORD & RODDENBERY, P.A.

Principal Place of Business	Mailing Address
5015 S FLORIDA AVE SUITE 301 LAKELAND FL 33813 US	PO BOX 5947 P.O.BOX 5947 LAKELAND FL 33807-5947 US

3. Date Incorporated or Qualified: **11/27/1985**
3a. Date of Last Report: **04/08/1996**

2. Principal Place of Business
21 6150 S. Florida Ave.
Suite, Apt. #, etc.
22 2nd Floor
City & State
23 Lakeland, FL
Zip 24 33813 Country 25 POLK

2a. Mailing Address
26 P.O. Box 5947
Suite, Apt. #, etc.
27
City & State
28 Lakeland, FL
Zip 29 33807 Country 30 POLK

4. FEI Number: **59-2598216** ☐ 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

9. Name and Address of Current Registered Agent
CRAWFORD, SIDNEY M.
5015 S. FLORIDA AVE., STE 301
CENTURY FINANCIAL CENTER
LAKELAND FL 33813

10. Name and Address of New Registered Agent
81 Name: SIDNEY M. CRAWFORD
82 Street Address (P.O. Box Number Is Not Acceptable): 6150 S. Fla. Ave., 2nd Floor
83
84 City: Lakeland FL 85 Zip Code: 33813

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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CRAWFORD, SIDNEY M.		1.2 NAME		
STREET ADDRESS	132 WOOD HALL DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MULBERRY FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RODDENBERY, NEIL A.		2.2 NAME		
STREET ADDRESS	928 FAIRLINGTON		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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.

SIGNATURE: SIGNATURE REQUIRED SIDNEY M. CRAWFORD 4-24-97 941-6448929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #