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FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J00385

(1)

1. Corporation Name

CROWE'S NEST PROPERTIES, INC.

Principal Place of Business

% KATHLYN A. CROWE
6075 WEST SHORES ROAD
ORANGE PARK FL 32073

Mailing Address

% KATHLYN A. CROWE
6075 WEST SHORES ROAD
ORANGE PARK FL 32073-8119



3. Date Incorporated or Qualified

02/21/1986

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2672175

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

CROWE, KATHLYN A.
6075 WEST SHORES ROAD
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CROWE, BILLY A.
STREET ADDRESS 6075 WEST SHORES ROAD
CITY-ST-ZIP ORANGE PARK FL

TITLE D ☐ DELETE

NAME CROWE, KATHLYN A.
STREET ADDRESS 6075 WEST SHORES ROAD
CITY-ST-ZIP ORANGE PARK FL

TITLE SD ☐ DELETE

NAME STAMFORD, CYNTHIA L
STREET ADDRESS 1235 ELM ST
CITY-ST-ZIP ORANGE PARK FL

TITLE D ☐ DELETE

NAME CROWE, GARY W.
STREET ADDRESS 6075 WEST SHORES ROAD
CITY-ST-ZIP ORANGE PARK FL

TITLE D ☐ DELETE

NAME CROWE, TIMOTHY L.
STREET ADDRESS 6075 WEST SHORES ROAD
CITY-ST-ZIP ORANGE PARK FL

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 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: BILLY A. CROWE

Billy A. Crowe 4-19-97 376-5111
(904)

CR2E034 (9/96)