

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

FILED

**Apr 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J34870 (2)
1. Corporation Name
CROW INDUSTRIAL GLOVE SERVICE, INC.



Principal Place of Business 607 FERNWOOD ST PANAMA CITY BEACH FL 32407	Mailing Address 607 FERNWOOD ST PANAMA CITY BEACH FL 32407-3237
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3. Date Incorporated or Qualified 09/22/1986	3a. Date of Last Report 04/24/1996
4. FEI Number 59-2734253	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent
**HESS, GLENN L.
9108 WEST HWY 98
PANAMA CITY BEACH FL 32407**

10. Name and Address of New Registered Agent

81. Name HESS, BRIAN D.
82. Street Address (P.O. Box Number is Not Acceptable) 9108 FRONT BEACH RD
83.
84. City PANAMA CITY Bch
85. Zip Code FL 32407

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 agreeing with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Brian D. Hess (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CROW, DONALD B.	
STREET ADDRESS	609 FERNWOOD ST	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VTS	<input checked="" type="checkbox"/> DELETE
NAME	CROW, JANE F.	
STREET ADDRESS	609 FERNWOOD ST	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Crow, Donald B.	
1.3 STREET ADDRESS	609 Fernwood Street	
1.4 CITY-ST-ZIP	Panama City Beach, FL 32407	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Crow, Jon Bryan	
2.3 STREET ADDRESS	609 Fernwood Street	
2.4 CITY-ST-ZIP	Panama City Beach, FL 32407	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Donald B. Crow **DONALD B CROW** 4-4-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone: #

CR2E034 (9/96)