

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
General B. Mathews
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # J78463

(3)

1. Corporation Number

CRUTCHLEY CORPORATION

95 MAY -1 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% DAVID C. HARDIN
500 E. BROWARD BLVD. STE 1950
FORT LAUDERDALE FL 33394

% DAVID C. HARDIN
500 E. BROWARD BLVD. STE 1950
FORT LAUDERDALE FL 33394

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporation Filed	3a. Date of Last Report
06/18/1987	04/05/1994
4. F.I.I. Number	Applied For
59-2820736	Not Applicable
5. Certificate of Status Requested	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
6. Does corporation have liability for campaign finance under Florida Statutes	Yes ☐ No ☒

2. Principal Place of Business	2a. Mailing Address
21. State	26. State
22. County	27. County
23. City & State	28. City & State
24. Latitude	29. Longitude
25. Longitude	30. Latitude

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARDIN, DAVID C.
500 E. BROWARD BLVD. STE 1950
FORT LAUDERDALE FL 33394

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83. City	
84. City	

11. I, the undersigned, the president of the corporation, hereby certify that the information furnished herein is true and correct, and that the same has been approved by the board of directors of the corporation. I hereby accept this appointment as registered agent. I am a resident of the State of Florida and my office is located at the address stated above.

Signature of Registered Agent: _____ Date: _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
NAME: D CRUTCHLEY, DANIEL ADDRESS: 430 SE 4TH TERRACE POMPANO BEACH FL CITY: POMPANO BEACH FL STATE: FL ZIP: 33069	NAME: D/P/T ADDRESS: CITY: STATE: ZIP:
NAME: CRUTCHLEY, KAY ADDRESS: 430 S.E. 4 Terrace CITY: Pompano Beach, FL STATE: FL ZIP:	NAME: ADDRESS: CITY: STATE: ZIP:
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 130.02(5)(b), Florida Statutes. I further certify that the information included 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. I am a resident of the State of Florida and my office is located at the address stated above. I hereby accept this appointment as registered agent. I am a resident of the State of Florida and my office is located at the address stated above.

SIGNATURE: *Kay P. Crutchley* Kay P. Crutchley 5-1-95 305 7846630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR