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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

May 17, 1999 8:00 am Secretary of State

05-17-1999 90036 046 ***150.00

DOCUMENT # J 78463

1. Corporation Name

CRUTCHLEY CORPORATION

Principal Place of Business Mailing Address	//			
1441 S. DIXIE HWY. 1441 S. Pomlaro	DIXIE-HWY.			
1441 S. Dixie Hwy. 1441 S. Dixie Hwy. formano BEACH, PC Pormano BEACH, PC		DO NOT WRITE IN THIS SPACE		
33060	33060	3. Date Incorporated or Qualifed		
2. Principal Place of Business 2a. Mailing Address		4. FEI Number		plied For
21 1441 S. DIXIE HWY 26 1441 S	DXIE HWY	59-2820736		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22 27 City 6 State		<u> </u>	Fee Re	
City & State 28 City & State Powland L	SEACH AL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	•
Zip Country Zip 33060 3	Country '	8. This corporation owes the current year In	ntangible . □Yes	Ž í
24 33 0 60 25 29 3 0 60 3 9. Name and Address of Current Registered Agent	0	Personal Property Tax. 10. Name and Address of New Registered		12.40
81 Name)				
	82 Street Addre	ess (P.d. Box Number is Not Acceptable)		
	137	70 NW 54= Street		
	83			
	84 City	. \ \ \	85 Zjp_C	Code
11 Purpliant to the expulsions of Sections 607 0502 and 607 1508 Florida Statutes	the above parred corpo	archill Fl		3/9
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 AND CHARGO	egistered Agent signature required	4-,	30-99	
Significate of the desired of the state of t	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE PRESIDENT + Treasurer DELETE	1.1 TITLE		☐ Change	Addition
NAME DANIEL T. CRUTCHLEY	12 NAME			
STREET ADDRESS 430 SE 412 TERRACE CITY ST-ZIP POWNE B CH FL 33060	1.3 STREET ADDRESS			
	1 4 CITY-ST-ZIP		Chones	- Addition
Vice President + Secretary DELETE	2.1 TITLE		Change	Addition
NAME Lay P. Crutchley STREET ADDRESS 1/22 SE 1/2 Trickley	2 2 NAME 2 3 STREET ADDRESS			
STREET ADDRESS 430 SE 4 TETTOLE CITY-ST-ZIP POMO OF BEACH FL 33060	2.4 CITY-ST-ZIP			
TITLE DELETE	31 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 TITLE DELETE	4.4 CITY-ST-ZIP 5 1 TITLE		☐ Change	Addition
TITLE L. DELETE	5.2 NAME		ondingo	
STREET ADDRESS	5.3 STREET ADDRESS			
CITY-ST-ZIP	5.4 CITY-ST-ZIP			ĺ
TITLE DELETE	6.1 TITLE		Change	Addition
NAME	6.2 NAME			
STREET ADDRESS	6.3 STREET ADDRESS			ĺ
OTDY OX TIP	64 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99 954-746-

Daytime Phone #

CR2E034 (11/98)