

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 PM 4: 08

DOCUMENT # **J95664** (5)

1. Corporation Name
CRAWFORD GROVE SERVICE, INC.

Principal Place of Business
**% MARK P. CRAWFORD
10 NORTH TROPICAL TRAIL
MERRITT ISLAND FL 32953**

Mailing Address
**% MARK P. CRAWFORD
10 NORTH TROPICAL TRAIL
MERRITT ISLAND FL 32953**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/05/1987	3a. Date of Last Report 04/05/1994
4. FEI Number 59-2856783	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21	26	27	28
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
23	29	30	31
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

**CRAWFORD, MARK P.
10 NORTH TROPICAL TRAIL
MERRITT ISLAND FL 32953**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restoring)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CRAWFORD, JOHN H.
STREET ADDRESS	10 NORTH TROPICAL TRAIL
CITY - ST - ZIP	MERRITT ISLAND FL
TITLE	V
NAME	CRAWFORD, RICHARD J.
STREET ADDRESS	10 N TROPICAL TRAIL
CITY - ST - ZIP	MERRITT ISLAND FL
TITLE	TS
NAME	CRAWFORD, MARK P.
STREET ADDRESS	10 N TROPICAL TRAIL
CITY - ST - ZIP	MERRITT ISLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Richard J. Crawford* **Richard J. Crawford** 4-3-95 (407) 452-8522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #