

**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 <b>10/05/1987</b>	3a. Date of Last Report <b>04/05/1994</b>
4. FEI Number <b>59-2856783</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	24	29	30
Zip	Country	Zip	Country

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRAWFORD, JOHN H.</b>	1.2 NAME	
STREET ADDRESS	<b>10 NORTH TROPICAL TRAIL</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MERRITT ISLAND FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRAWFORD, RICHARD J.</b>	2.2 NAME	
STREET ADDRESS	<b>10 N TROPICAL TRAIL</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MERRITT ISLAND FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>TS</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRAWFORD, MARK P.</b>	3.2 NAME	
STREET ADDRESS	<b>10 N TROPICAL TRAIL</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MERRITT ISLAND FL</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 #