

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J95664** (5)

1. Corporation Name

CRAWFORD GROVE SERVICE, INC.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified
10/05/1987

3a. Date of Last Report
04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2856783

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution



\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes

Yes No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
P	CRAWFORD, JOHN H.	10 NORTH TROPICAL TRAIL	MERRITT ISLAND FL	<input checked="" type="checkbox"/>
V	CRAWFORD, RICHARD J.	10 N TROPICAL TRAIL	MERRITT ISLAND FL	<input type="checkbox"/>
TS	CRAWFORD, MARK P.	10 N TROPICAL TRAIL	MERRITT ISLAND FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
P	Crawford, Richard J.	10. N. Tropical Trail	Merritt Island, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	Crawford, Mark P.	10. N. Tropical Trail	Merritt Island, FL.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TS	Crawford, Mark P.	10 N. Tropical Trail	Merritt Island, FL.	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 119.07(3)(k), 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: *Mark P. Crawford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-452-8522
Daytime Phone #

CR2E034 (12/95)