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Jan 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

Mailing Address

% MARK P. CRAWFORD
10 NORTH TROPICAL TRAIL
MERRITT ISLAND FL 32953-4735



2. Principal Place of Business

21 10N. Tropical Trail

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Merritt Island, F.

27 City & State

28

Zip

24 32953

Country

25 Brevard

Zip

29

Country

30

3. Date Incorporated or Qualified
10/05/1987

3a. Date of Last Report
04/19/1996

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

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 Mark Crawford
82 Street Address (P.O. Box Number is Not Acceptable)
506 S. FLORISSA ST.
83
84 City Merritt Island FL 85 Zip Code 32952

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 (i.e., typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
P	CRAWFORD, RICHARD J	10 NORTH TROPICAL TRAIL	MERRITT ISLAND FL	<input type="checkbox"/>
V	CRAWFORD, MARK P	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"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1/16/97

Daytime Phone #

407-452-8572

CR2E034 (9/96)