

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # K04677 (6)

1. Corporation Name

GREGORY LEE CROWELL, C.P.A., P.A.



Principal Place of Business

Mailing Address

**C/O GREGORY LEE CROWELL
7628 MASSACHUSETTS AVE
NEW PORT RICHEY FL 34653**

**C/O GREGORY LEE CROWELL
7628 MASSACHUSETTS AVE
NEW PORT RICHEY FL 34653**

3. Date Incorporated or Qualified 12/01/1987	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2854342	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CROWELL, GREGORY LEE
7628 MASSACHUSETTS AVE
NEW PORT RICHEY FL 34653**

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 ☐ DELETE
NAME **DP**
STREET ADDRESS **CROWELL, GREGORY LEE**
CITY- ST- ZIP **7628 MASSACHUSETTS AVE
NEW PORT RICHEY FL**

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

TITLE ☐ DELETE

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

TITLE ☐ DELETE

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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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Gregory Lee Crowell GREGORY LEE CROWELL JUNE 6, 1996 813-842-9711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #

CR2E034 (3/96)