

# 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

APPROVED  
AND  
FILED

55 MAY -1 PM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K59748** (9)

1. Corporation Name  
**CROCKER & SONS, INC.**

Principal Place of Business: **433 PLAZA REAL  
335  
BOCA RATON FL 33432  
US**  
Mailing Address: **433 PLAZA REAL  
335  
BOCA RATON FL 33432  
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **01/18/1989** 3a. Date of Last Report: **05/01/1994**  
4. FEI Number: **65-0094776** Applied For: ☐ Not Applicable: ☐  
5. Certificate of Status: Deceased ☐ **\$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 Fla. Statutes: ☒ Yes ☐ No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**  
State: Apt. #, etc. **22** State: Apt. #, etc. **27**  
City & Zip: **23** City & State: **28**  
Country: **24** Country: **29** Country: **30**

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

**WHITE & CASE  
200 S DISCAYNE BLVD  
MIAMI FL 33131**

81. Name: **82** Street Address: (P.O. Box Number is Not Acceptable) **83** **84** City: **FL** **85** Zip Code:

11. The agent to the provisions of Sections 607.01, 607.02, and 607.03, Florida Statutes, the above named corporation hereby this statement for the purpose of changing its registered office or registered agent or both in the State of Florida and the 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 provisions of Sections 607.01, 607.02, and 607.03, Florida Statutes.

SIGNATURE

## 12. OFFICER AND DIRECTOR

|                |                                 |
|----------------|---------------------------------|
| NAME           | <b>D</b>                        |
| NAME           | <b>CROCKER, THOMAS J.</b>       |
| Street Address | <b>433 PLAZA REAL SUITE 335</b> |
| City & State   | <b>BOCA RATON FL</b>            |
| NAME           | <b>VAS</b>                      |
| NAME           | <b>TOMIKO, JOHN L.</b>          |
| Street Address | <b>433 PLAZA REAL SUITE 335</b> |
| City & State   | <b>BOCA RATON FL</b>            |
| NAME           | <b>VTA</b>                      |
| NAME           | <b>ONISKO, ROBERT E.</b>        |
| Street Address | <b>433 PLAZA REAL #335</b>      |
| City & State   | <b>BOCA RATON FL</b>            |

## 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

|      |                                                              |
|------|--------------------------------------------------------------|
| NAME | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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| NAME | <input type="checkbox"/> Change <input type="checkbox"/> Add |

14. I, the undersigned, certify that the information supplied as to the filing is voluntarily, true and correct and is not for the purpose of defrauding creditors. I am a resident of the State of Florida and I am qualified to act as a registered agent for the corporation. I am familiar with and accept the provisions of Sections 607.01, 607.02, and 607.03, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

**ROBERT E. ONISKO** 4/27/95 (407) 395-9666