

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 APR 28 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K65460** (3)
1. Corporation Name
CRAW AND ROGG CARDS, INC.

Principal Place of Business Mailing Address
750 MOODY RD N FT. MYERS FL 33903 **750 MOODY RD N FT. MYERS FL 33903**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/14/1989** 3a. Date of Last Report **03/29/1994**

4. FEI Number **65-0098754** 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. 100.032, Florida Statutes Yes 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
24 25 29 30

9. Name and Address of Current Registered Agent
**ROGACKI, CYNTHIA
750 MOODY ROAD
N. FORT MYERS FL 33903**

10. Name and Address of New Registered Agent
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 (applicable)

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, JOHN, III	1.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 115	1.3 STREET ADDRESS	
CITY-ST-ZIP	EVERETT PA	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGACKI, CYNTHIA	2.2 NAME	
STREET ADDRESS	750 MOODY RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRAN, JANELE	3.2 NAME	
STREET ADDRESS	109 NE 10TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE, ELIZABETH A	4.2 NAME	
STREET ADDRESS	6683 MAGNOLIA LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	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: *Elizabeth Joyce* **ELIZABETH JOYCE** *4/24/95* **813-938-5565**
(Typed Name) (Date) (Signature)