

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K65460 (3)**

1. Corporation Name  
**CRAW AND ROGG CARDS, INC.**



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

3. Date Incorporated or Qualified: **02/14/1989**  
3a. Date of Last Report: **04/28/1995**  
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. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21 4125 CLEVELAND AVE**  
Sub. Apt., n., etc.: **22 EDISON MALL #55**  
City & State: **23 FT. MYERS, FL**  
Zip: **24 33901** Country: **25 LEE**  
2a. Mailing Address: **26 4125 CLEVELAND AVE**  
Sub. Apt., n., etc.: **27 EDISON MALL #55**  
City & State: **28 FT. MYERS, FL**  
Zip: **29 33901** Country: **30 LEE**

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): **4125 CLEVELAND AVE**  
83 City: **EDISON MALL #55**  
84 City: **FT. MYERS** State: **FL** Zip Code: **85 33901**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature of Registered Agent or Director (Typed Name) \_\_\_\_\_  
Signature of Registered Agent or Director (Typed Name) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	<b>DV CRAWFORD, JOHN, III</b>	11. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	<b>ROUTE 1, BOX 115</b>	12. NAME	
13. STREET ADDRESS	<b>EVERETT PA</b>	13. STREET ADDRESS	<b>1596 N. TAMiami TRAIL</b>
14. CITY, ST, ZIP	<b>DP</b>	14. CITY, ST, ZIP	<b>N. FT. MYERS, FL 33903</b>
15. TITLE	<input type="checkbox"/> DELETE	15. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	<b>ROGACKI, CYNTHIA</b>	16. NAME	
17. STREET ADDRESS	<b>750 MOODY RD.</b>	17. STREET ADDRESS	<b>4125 CLEVELAND AVE EDISON MALL #55</b>
18. CITY, ST, ZIP	<b>N. FT. MYERS FL</b>	18. CITY, ST, ZIP	<b>FT. MYERS, FL 33901</b>
19. TITLE	<input type="checkbox"/> DELETE	19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	<b>DS CURRAN, JANELE</b>	20. NAME	
21. STREET ADDRESS	<b>109 NE 10TH AVE</b>	21. STREET ADDRESS	
22. CITY, ST, ZIP	<b>CAPE CORAL FL</b>	22. CITY, ST, ZIP	
23. TITLE	<input type="checkbox"/> DELETE	23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	<b>TD JOYCE, ELIZABETH A</b>	24. NAME	
25. STREET ADDRESS	<b>6683 MAGNOLIA LN</b>	25. STREET ADDRESS	
26. CITY, ST, ZIP	<b>FT MYERS FL</b>	26. CITY, ST, ZIP	
27. TITLE	<input type="checkbox"/> DELETE	27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME		28. NAME	
29. STREET ADDRESS		29. STREET ADDRESS	
30. CITY, ST, ZIP		30. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		32. NAME	
33. STREET ADDRESS		33. STREET ADDRESS	
34. CITY, ST, ZIP		34. CITY, ST, ZIP	
35. TITLE	<input type="checkbox"/> DELETE	35. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
36. NAME		36. NAME	
37. STREET ADDRESS		37. STREET ADDRESS	
38. CITY, ST, ZIP		38. 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 119.07(3)(k), Florida Statutes. I further certify that the information included 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 Book 12 or Book 13, if changed, or on an attachment with an address.

SIGNATURE: *Elizabeth Joyce* Elizabeth Joyce 2/21/96 741-989-5885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (12/95)