

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**



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

DOCUMENT # K65460 (3)

1. Corporation Name
CRAWFORD ROGG CARDS, INC.



Principal Place of Business Mailing Address

**4125 CLEVELAND AVE
 EDISON MALL #55
 FT. MYERS FL 33901
 US**

**4125 CLEVELAND AVE
 EDISON MALL #55
 FT. MYERS FL 33901
 US**

DO NOT WRITE IN THIS SPACE

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

3. Date incorporated or Qualified
02/14/1989

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 owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No

g. Name and Address of Current Registered Agent

**ROGACKI, CYNTHIA
 4125 CLEVELAND AVE
 EDISON MALL #55
 FT. MYERS FL 33901**

10. Name and Address of New Registered Agent

81 Name
CRAWFORD, JANELE

82 Street Address (P.O. Box Number is Not Acceptable)
3350 N. KEY DRIVE

83

84 City
N. FT. MYERS

85 Zip Code
FL 33903

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 *Janet Crawford* DATE **5/11/98**

Signature of individual or principal place of registered agent (1) for 1 applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------------|--|
| TITLE | DV | <input type="checkbox"/> DELETE |
| NAME | CRAWFORD, JOHN, III | |
| STREET ADDRESS | 1596 N. TAMiami TRAIL | |
| CITY-ST-ZIP | N. FT. MYERS FL | |
| TITLE | DP | <input checked="" type="checkbox"/> DELETE |
| NAME | ROGACKI, CYNTHIA | |
| STREET ADDRESS | 4125 CLEVELAND AVE, EDISON MALL #55 | |
| CITY-ST-ZIP | FT. MYERS FL | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | CRAWFORD, JANELE | |
| STREET ADDRESS | 3350 N KEY DR | |
| CITY-ST-ZIP | NO FT MYERS FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | JOYCE, ELIZABETH A | |
| STREET ADDRESS | 6883 MAGNOLIA LN | |
| CITY-ST-ZIP | FT MYERS FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------|--|
| 1.1 TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | CRAWFORD, JOHN III | |
| 1.3 STREET ADDRESS | 1596 N. TAMiami TRAIL | |
| 1.4 CITY-ST-ZIP | N. FT. MYERS, FL 33903 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | DST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | CRAWFORD, JANELE | |
| 3.3 STREET ADDRESS | 3350 N. KEY DRIVE | |
| 3.4 CITY-ST-ZIP | N. FT. MYERS, FL 33903 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | DV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | CRAWFORD, NANCY | |
| 5.3 STREET ADDRESS | 1596 N. TAMiami TRAIL | |
| 5.4 CITY-ST-ZIP | N. FT. MYERS, FL 33903 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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*****150.00**

14. I 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 *John Crawford* DATE **4-20-98** (941) 929-5515

CR2E034 (10/97)