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**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90279 044 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # K65460**

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

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

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 the current year intangible  
 Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

CRAWFORD, JANELE  
 3350 N KEY DRIVE  
 N FT 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 if applicable

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
 NAME CRAWFORD, JOHN, III  
 STREET ADDRESS 1596 N. TAMiami TRAIL  
 CITY-ST-ZIP N. FT. MYERS FL 33903  DELETE

TITLE DV  
 NAME CRAWFORD, NANCY  
 STREET ADDRESS 1596 N. TAMiami TRAIL  
 CITY-ST-ZIP N. FT. MYERS FL 33903  DELETE

TITLE DST  
 NAME CRAWFORD, JANELE  
 STREET ADDRESS 3350 N KEY DR  
 CITY-ST-ZIP NO FT MYERS FL 33903  DELETE

TITLE  DELETE

TITLE  DELETE

TITLE  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John Crawford*

4/24/99

Date

(941) 939-5565

Daytime Phone #

CR2E034 (1/98)