


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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90089 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K78499 1. Corporation Name J.A. CROSON COMPANY OF FLORIDA			
Principal Place of Business % J.A. CROSON 24925 HWY 46 SORRENTO FL 32776-1239		Mailing Address % J.A. CROSON 24925 HWY 46 SORRENTO FL 32776-1239	
2. Principal Place of Business 21 7420 East Colonial Dr Suite, Apt. #, etc. 22		2a. Mailing Address 26 7420 East Colonial Dr. Suite, Apt. #, etc. 27	
City & State 23 Orlando, FL		City & State 28 Orlando, FL	
Zip 24 32807		Country 25 USA	
9. Name and Address of Current Registered Agent CROSON, J.A. 24925 HWY 46 SORRENTO FL 32776-1239		10. Name and Address of New Registered Agent 81 Name CROSON, J.A. 82 Street Address (P.O. Box Number is Not Acceptable) 2001 Old Hwy 441, Suite #2 83 A 84 City Mt. Dora FL 85 Zip Code 32757	
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 <i>James A. Croson Jr.</i> James A. Croson Jr. 4-27-99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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: *James A. Croson Jr.* SIGNATURE REQUIRED
Signature and typed or printed name of signing officer or director

4-27-99 352-383-0741
Date Daytime Phone #

CR2E034 (11/98)