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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L29553** (9)

1. Corporation Name

J. D. CROWLEY, INC.



Principal Place of Business

Mailing Address

~~10111 E. COLONIAL DR. B.
ORLANDO FL 32817
US~~

**710 S. CHICKASAW TRAIL
ORLANDO FL 32825**

2. Principal Place of Business

2a. Mailing Address

21 **710 S Chickasaw Tr**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Orlando, FL

28

City & State

24

Zip

Country

29

Zip

Country

25

32825

Country

30

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CROWLEY, JAMES D.
710 S. CHICKASAW TRAIL
ORLANDO FL 32825**

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

X James D. Crowley

2-29-96

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

☐ DELETE

NAME

CROWLEY, JAMES D.

STREET ADDRESS

710 S CHICKASAW TRAIL

CITY - ST - ZIP

ORLANDO FL

TITLE

VP

☐ DELETE

NAME

CROWLEY, LAVONA

STREET ADDRESS

710 CHICKASAW TR.

CITY - ST - ZIP

ORLANDO FL

TITLE

ST

☐ DELETE

NAME

CROWLEY, KENT

STREET ADDRESS

1509 LAUDO LANE

CITY - ST - ZIP

ORLANDO FL

TITLE

VP

☐ DELETE

NAME

Red Webb

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

1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2. TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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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 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:

X James D. Crowley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-96 (40) 382-1095

Date

Daytime Phone #

CR2E034 (12/95)