

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L34670** (4)

1. Corporation Name

CROCKER AND SONS ROOFING, INC.



Principal Place of Business

**RT. 2, BOX 463
INTERLACHEN FL 32148**

Mailing Address

**RT. 2, BOX 463
INTERLACHEN FL 32148**

3. Date Incorporated or Qualified 12/07/1989	3a. Date of Last Report 04/24/1995
4. FEI Number 59-2981900	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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CROCKER, BOBBY GENE
RT 2
BOX 463
INTERLACHEN FL 32148**

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 of officer or director of the corporation, or the registered agent, or the person authorized to execute this report on behalf of the corporation.

Signature of Registered Agent or person authorized to execute this report on behalf of the corporation.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DPT	☐ DELETE
NAME	CROCKER, BOBBY GENE	
STREET ADDRESS	RT. 2, BOX 463	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	D	☐ DELETE
NAME	CROCKER, DIANNE GAIL	
STREET ADDRESS	RT. 2, BOX 463	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	VP	☐ DELETE
NAME	CROCKER, BOBBY GENE JR.	
STREET ADDRESS	RT 2 BOX 463	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	T	☐ DELETE
NAME	CROCKER, BOBBY GENE	
STREET ADDRESS	ROUTE 2, BOX 463	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	V	☐ DELETE
NAME	CROCKER, MARSHALL SANDERS	
STREET ADDRESS	ROUTE 2, BOX 463	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. 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 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 or person 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: *Bobby H. Crocker* **Bobby G. CROCKER** 4-5-94 904 684-4629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)