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Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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	Mailing Address
RT. 2, BOX 463 **INTERLACHEN FL 32148**	**RT. 2, BOX 463** **INTERLACHEN FL 32148-9314**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **12/07/1989**
3a. Date of Last Report: **04/11/1996**
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

9. Name and Address of Current Registered Agent

CROCKER, BOBBY GENE
RT 2
BOX 463
INTERLACHEN FL 32148

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: Bobby Gene Crocker
Signature, typed or printed name of registered agent or title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CROCKER, BOBBY GENE		1.2 NAME		
STREET ADDRESS	RT. 2, BOX 463		1.3 STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	[redacted]	☐ Change ☒ Addition
NAME	CROCKER, DIANNE GAIL		2.2 NAME		
STREET ADDRESS	RT. 2, BOX 463		2.3 STREET ADDRESS	[redacted]	
CITY-ST-ZIP	INTERLACHEN FL		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CROCKER, BOBBY GENE JR.		3.2 NAME		
STREET ADDRESS	RT 2 BOX 463		3.3 STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CROCKER, BOBBY GENE		4.2 NAME		
STREET ADDRESS	ROUTE 2, BOX 463		4.3 STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CROCKER,MARSHALL SANDERS		5.2 NAME		
STREET ADDRESS	ROUTE 2, BOX 463		5.3 STREET ADDRESS		
CITY-ST-ZIP	INTERLACHEN FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: Bobby Gene Crocker 3-10-97 901-454-4629