

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

PROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # **L46042** (2)

1. Corporation Name

CRAWFORD HOMES, INC.



Principal Place of Business

Mailing Address

C/O NANCY JANE CRAWFORD
1279 KINSLEY AVE #101
ORANGE PARK FL 32073
US

C/O NANCY JANE CRAWFORD
1896 SALT MYRTLE LANE
ORANGE PARK FL 32073

2. Principal Place of Business

2a. Mailing Address

21 **767 BLANDING BLVD #106**

26 **767 BLANDING BLVD**

22 **#106**

27 **#106**

23 **ORANGE PARK**

28 **ORANGE PARK**

24 **32073**

25 **FLA**

29 **32073**

30 **FLA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/25/1990

3a. Date of Last Report

01/17/1995

4. FEI Number

59-2994079

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

10. Name and Address of New Registered Agent

CRAWFORD, NANCY JANE
1896 SALT MYRTLE LANE
ORANGE PARK FL 32073

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PT**
CRAWFORD, NANCY JANE
STREET ADDRESS **1896 SALT MYRTLE LANE**
CITY-ST-ZIP **ORANGE PARK FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VS**
CRAWFORD, JOHN DAVID
STREET ADDRESS **1896 SALT MYRTLE LANE**
CITY-ST-ZIP **ORANGE PARK FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **V**
CRAWFORD, MICHAEL DAVID
STREET ADDRESS **2097 TANAGER DR.**
CITY-ST-ZIP **ORANGE PARK FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL D CRAWFORD 1/29/96 276-0034

Date

Daytime Phone #

CR2E034 (12/95)