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May 07 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 # L66523 (6)

1. Corporation Name
CRAWFORD STUCCO, INC.



Principal Place of Business

C/O DAVID A. CRAWFORD
7407 AVONWOOD ST.
TAMPA FL 33625

Mailing Address

C/O DAVID A. CRAWFORD
7407 AVONWOOD ST.
TAMPA FL 33625-1431

2. Principal Place of Business

21 17915 EAGLE LANE

Suite, Apt. #, etc.

22 -

City & State

23 LUTZ FL

Zip

24 33549

Country

25 PASCO

2a. Mailing Address

26 17915 EAGLE LANE

Suite, Apt. #, etc.

27 -

City & State

28 LUTZ FL

Zip

29 33549

Country

30 PASCO

3. Date Incorporated or Qualified

04/17/1990

3a. Date of Last Report

03/20/1996

4. FEI Number

59-3005654

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

CRAWFORD, DAVID A.
7407 AVONWOOD ST.
TAMPA FL 33625

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

17915 EAGLE LANE

63

64 City LUTZ

FL

65 Zip Code

33549

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

TITLE PD ☐ DELETE

NAME CRAWFORD, DAVID A.
STREET ADDRESS 7407 AVONWOOD ST.
CITY- ST- ZIP TAMPA FL

TITLE DVS ☐ DELETE

NAME CRAWFORD, ROSEANNA K.
STREET ADDRESS 7407 AVONWOOD ST.
CITY- ST- ZIP TAMPA FL

TITLE T ☐ DELETE

NAME CRAWFORD, ROSEANNA, K.
STREET ADDRESS 7407 AVONWOOD ST
CITY- ST- ZIP TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 17915 EAGLE LANE
1.4 CITY- ST- ZIP LUTZ FL 33549

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 17915 EAGLE LANE
2.4 CITY- ST- ZIP LUTZ FL 33549

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 17915 EAGLE LANE
3.4 CITY- ST- ZIP LUTZ FL 33549

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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:

Roseanna K Crawford
ROSEANNA K CRAWFORD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-97

Date

813-920-6508

Daytime Phone #

CR2E034 (9/96)