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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DOCUMENT # L67239 (8)  RICHARD W. CRAWFORD, INC.								
Principal Place	of Business	Mailing Address				HO 1011 DIOI DI		ICONTAL DIGITALDI
RT 1 BOX 3: 8136 PATOU BRYCEVILLE	I DRIVE SOUTH	RT. 1 BOX 326 8136 PATOU DRIVE SOUTH BRYCEVILLE FL 32009						
US		US			<ol> <li>Date Incorporated or Qualified 04/20/1990</li> </ol>	l l	of Last R 14/26/19	•
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 59-3003065		<b>⊢</b> ∔	Applied For
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.	<u> </u>					Not Applicable  Additional
]		27		· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired		•	Required
City & State	}	City & State			6. Election Campaign Financing That Fund Contribution			O May Be
'.L Zıp	Country	Zip	Country		Trust Fund Contribution  8. This corporation has liability for			d to Fees
	25	29	30		Florida Statutes  Yes		in diligoi g	100.002
	9. Name and Address of Curren	t Registered Agent	B1	Name	10. Name and Address of New F	Registered	Agent	
CRAWFORD, RICHARD W. 8136 PATOU DRIVE SOUTH JACKSONVILLE FL 32210			82 83	Street Addr	ess (P.O. Box Number is Not Acceptat	ole)		
			84	City		FL	85 Zij	p Code
		ia. Such change was autho		ration's boar	ation submits this statement for the pured of directors. I hereby accept the app	ointment as	registered	l agent. I am
IGNATURE _	II, and accept the obligations of, Sections State of the	and title if applicable.	rized by the corpoi les. (NOTE: Registered Agent a	ration's boai	d of directors. I hereby accept the app	DATE	registered	
IGNATURE	Signature typed or printed name of registured agent a OFFICERS AND	and hitle if applicable.  D DIRECTORS	rized by the corpores.  NOTE: Registered Agents  13.	ration's boai	d of directors. I hereby accept the app	DATE	registered	RS IN 12
IGNATURE E 2. TLE AME REEL ADDRESS	Signature: typed or printed name of registured agent a OFFICERS AND PST CRAWFORD, RICHARD W. RT. 1, BOX 326	and title if applicable.	INOTE: Registered Agent to  13.  1.1 TITLE  1.2 NAME  1.3 STREET A	Signature required	d of directors. I hereby accept the app	DATE	registered	
IGNATURE E 2. ILE IME REEL ADDRESS IY-SI-ZIP	Signature: typed or printed name of registured agent a OFFICERS AND PST CRAWFORD, RICHARD W.	and hitle if applicable.  D DIRECTORS	NOTE: Registered Agent to 13.  1.1 TITLE 1.2 NAME	Signature required	d of directors. I hereby accept the app	DATE FICERS AND	DIRECTO Change	RS IN 12
IGNATURE S  2.  ILLE  MME  REEL ADDRESS  IY-SI-ZIP  LE  MME  REFT ADDRESS	Signature typed or printed name of registured agent a OFFICERS AND PST CRAWFORD, RICHARD W. RT. 1, BOX 326 BRYCEVILLE FL D CRAWFORD, RICHARD W. RT. 1, BOX 326.	and title if applicable.  DIRECTORS  DELETE	INOTE Propostered Aports  13.  1.1 TITLE 1.2 NAME 1.3 STREET AI 1.4 CITYLE 2.2 NAME 2.3 STREET AI	signature required  ODRESS  DDRESS	d of directors. I hereby accept the app	DATE FICERS AND	registered	RS IN 12
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SIGNATURE: PLACE W ON DAY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96

QULI 705(dol)D
Daytinie Phone #