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 # **L71667** **(4)**

1. Corporation Name
CROSSON COMPANY

Principal Place of Business
%RANDY J. CROSSON
3826 SUGAR LANE
SARASOTA FL 34235

Mailing Address
%RANDY J. CROSSON
3826 SUGAR LANE
SARASOTA FL 34235

3. Date Incorporated or Qualified: **05/10/1990**
3a. Date of Last Report: **07/24/1995**

4. FEI Number: **65-0145087** [ ] 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. 190.032, Florida Statutes [ ] Yes [X] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
CROSSON, RANDY J.
3826 SUGAR LANE
SARASOTA FL 34235

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 607.0505 or 607.1808, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. The name and address of the registered office and the name of the registered agent of this corporation shall be as indicated in Section 9 and/or Section 10 below. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of my position, Section 607.0505, Florida Statutes.

SIGNATURE: Date

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	CROSSON, RANDY J.	
STREET ADDRESS	3826 SUGAR LANE	
CITY, ST, ZIP	SARASOTA FL	
TITLE	VD	[ ] DELETE
NAME	CROSSON, LESSIE	
STREET ADDRESS	3826 SUGAR LANE	
CITY, ST, ZIP	SARASOTA 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		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[ ] Change	[ ] Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
1. TITLE	[ ] Change	[ ] Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
1. TITLE	[ ] Change	[ ] Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
1. TITLE	[ ] Change	[ ] Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		
1. TITLE	[ ] Change	[ ] Addition
2. NAME		
3. STREET ADDRESS		
4. CITY, ST, ZIP		

CR2E034 (12/95)

14. I hereby certify that the information supplied herein, including any attachments, for the purpose of annual report, and/or reinstatement, pursuant to Section 119.07(3)(k), Florida Statutes, is further certified to be true and complete. [illegible] Section 607.0123, Florida Statutes, and that my name appears in Block 12 or Block 13 [illegible]

SIGNATURE: RANDY J. CROSSON 4/4/96 (941)954-4212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone