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 # **L89127** **(9)**

1. Corporation Name

J. R. CROCKETT, INC.

Principal Place of Business	Mailing Address
2700 E. OAKLAND BLVD. STE. C FT LAUDERDALE FL 33306 US	2700 E. OAKLAND PK. BLVD. STE C FT LAUDERDALE FL 33306 US

3. Date Incorporated or Qualified: **07/23/1990**
3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business	2a. Mailing Address
21 2700 E. Oakland Pk Blvd	26 (Same as above)
Suite, Apt. #, etc. 22 Suite C	Suite, Apt. #, etc. 27
City & State 23 Ft. Lauderdale, Fl.	City & State 28
Zip / Country 24 33306 / 25 Broward	Zip / Country 29 / 30 Broward

4. FEI Number: **65-0212135** ☐ 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

CROCKETT, HELENE
2157 CORAL GARDENS DRIVE
2727 E OAKLAND PK BLVD. #204-B
WILTON MANORS FL 33306

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 [signature] 4-10-96

Signature, typed or printed name of registered agent and title, if applicable — Note: Registered Agent signature required for initial filing — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CROCKETT, JOHN R.		1.2 NAME		
STREET ADDRESS	2157 CORAL GARDENS DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL		1.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CROCKETT, HELENE		2.2 NAME		
STREET ADDRESS	2157 CORAL GARDENS DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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 (12/95)

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] J.R. CROCKETT, Pres. 4/10/96 (954)565-1654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #