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Feb 22, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L89127**

1. Corporation Name

J. R. CROCKETT, INC.

Principal Place of Business

2700 E. OAKLAND PK BLVD.

C

FT. LAUDERDALE FL 33306

US

Mailing Address

2700 E. OAKLAND PK. BLVD.

C

FT. LAUDERDALE FL 33306

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1990

4. FEI Number

65-0212135

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 2700 E. Oakland pk Blvd

Suite, Apt. #, etc.

22 Suite C

City & State

23 Ft. Lauderdale, Fl.

Zip

24 33306

Country

25 Broward

2a. Mailing Address

26 (Same as above)

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30 Broward

9. Name and Address of Current Registered Agent

**CROCKETT, JOHN R
2157 CORAL GARDENS DR
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **CROCKETT, JOHN R.**

STREET ADDRESS **2157 CORAL GARDENS DR**

CITY-ST-ZIP **WILTON MANORS FL**

TITLE **D** ☐ DELETE

NAME **CROCKETT, HELENE**

STREET ADDRESS **2157 CORAL GARDENS DR.**

CITY-ST-ZIP **WILTON MANORS FL**

TITLE **P** ☐ DELETE

NAME **CROCKETT, SAMUEL K**

STREET ADDRESS **1433 NE 17TH WAY**

CITY-ST-ZIP **FT LAUDERDALE 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

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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, with or without other like empowered.

SIGNATURE:

Samuel K. Crockett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/99

Date

(954) 565-1654

Daytime Phone #