FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 23 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **M71963** (6)

1. Corporate Name

JOHN S. SIMMS, INC.

Principal Place of Business	Mailing Address
% JOHN S. SIMMS, III 1802 MONTAGUE ST LAKE WORTH FL 33461	% JOHN S. SIMMS, III 1802 MONTAGUE ST LAKE WORTH FL 33461

3. Date Incorporated or Qualified: **03/15/1988**
3a. Date of Last Report: **02/03/1994**
4. FEI Number: **65-0036636** — 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

2. Principal Place of Business (21–25): Suite, Apt. # etc.; City & State; Zip; Country
2a. Mailing Address (26–30): Suite, Apt. # etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent

SIMMS, JOHN S., III
1802 MONTAGUE STREET
LAKE WORTH FL 33461

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

12. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	SIMMS, JOHN S. III
STREET ADDRESS	1802 MONTAGUE ST
CITY-ST-ZIP	LAKE WORTH FL
TITLE	DVS
NAME	SIMMS, CLEDITH A.
STREET ADDRESS	1802 MONTAGUE ST
CITY-ST-ZIP	LAKE WORTH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

(Six blocks: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP — ☐ Change ☐ Addition — all blank)

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, 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: *Cledith A. Simms* — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CLEDITH A. SIMMS

Date: 5-19-95 Daytime Phone: 407-582 4604

0270243 CP

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CORPORATION
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1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 MAY 30 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M71980** **(0)**

1. Corporate Name
CRW ENTERPRISES, INC.

Principal Place of Business	Mailing Address
57 S COYLE STREET PENSACOLA FL 32501 US	57 S COYLE ST PENSACOLA FL 32501 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/07/1988**
3a. Date of Last Report: **05/31/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
County — 25 / 30

4. FEI Number: **59-2893254** ☐ 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	10. Name and Address of New Registered Agent
WHITE, CHERYL R. 5800 TWIN OAKS DRIVE PACE FL 32571	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 Section 607.0502 and 607.1608, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title	DP	Title	☐ Change ☐ Addition
Name	WHITE, RANDAL R.	Name	
Street Address	5800 TWIN OAKS DR.	Street Address	
City-St-Zip	PACE FL	City-St-Zip	
Title	DST	Title	☐ Change ☐ Addition
Name	WHITE, CHERYL R.	Name	
Street Address	5800 TWIN OAKS DR.	Street Address	
City-St-Zip	PACE FL	City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	
Title		Title	☐ Change ☐ Addition
Name		Name	
Street Address		Street Address	
City-St-Zip		City-St-Zip	

14. I/We hereby certify that the information supplied with this report is complete, accurate and 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 1, or Block 11 if changed, or on an attachment with an address.

SIGNATURE: Cheryl R. White Cheryl R. White 4/6/95 9044699555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0305007 CP