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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M75118 (3)

1. Corporation Name
CREWS BONDING AGENCY, INC.



Principal Place of Business
24 N LIBERTY STREET
JACKSONVILLE FL 32202

Mailing Address
24 N LIBERTY STREET
JACKSONVILLE FL 32202-2827

3. Date Incorporated or Qualified
04/04/1988

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ETHERIDGE, ANNE E.
1863 WELLS RD., #48
ORANGE PARK FL 32073

81 Name

ETHERIDGE, ANNE E

82 Street Address (P.O. Box Number is Not Acceptable)

24 N. LIBERTY ST

83

84 City

JACKSONVILLE

FL

85 Zip Code

32202

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ETHERIDGE, ANNE E.
STREET ADDRESS 1863 WELLS RD S46
CITY-ST-ZIP ORANGE PARK FL

1.1 TITLE PD
1.2 NAME ANNE E. ETHERIDGE
1.3 STREET ADDRESS 24 N. LIBERTY ST
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE V
NAME ETHERIDGE, JACK I JR
STREET ADDRESS 1863 WELLS RD. #48
CITY-ST-ZIP ORANGE PARK FL

2.1 TITLE V
2.2 NAME JACK I ETHERIDGE JR
2.3 STREET ADDRESS 24 N. LIBERTY ST.
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Anne E. Etheridge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4-10-97 (904) 358-2214

Date

Daytime Phone

0028074

CR2E034 (9/96)