

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
CORPORATION DIVISION  
95 FEB -6 PM 12: 23

DOCUMENT # **N12372** (1)  
1. Corporation Name  
**THE FLORIDA CRIME COMMISSION FUND, INC.**

Principal Place of Business Mailing Address  
**P O BOX 10504 TALLAHASSEE FL 32302** **P O BOX 10504 TALLAHASSEE FL 32302**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>12/04/1985</b>	3a. Date of Last Report <b>04/18/1994</b>
4. FEI Number <b>59-2616830</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

9. Name and Address of Current Registered Agent

**DUNCAN, TED JR.  
2300 CENTERVILLE RD  
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name **Ted Duncan, Jr.**  
82 Street Address (P.O. Box Number is Not Acceptable) **2822 Vann Circle**  
83  
84 City **Tallahassee** FL 85 Zip Code **32312**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>DUNN, EDGAR M. JR.</b>
STREET ADDRESS	<b>347 S RIDGEWOOD AVE.</b>
CITY - ST - ZIP	<b>DAYTONA FL</b>
TITLE	<b>STD</b>
NAME	<b>DUNCAN, TED, JR.</b>
STREET ADDRESS	<b>P.O. BOX 10504 N/A</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL 32302</b>
TITLE	<b>VCD</b>
NAME	<b>LANGFORD, GEORGE</b>
STREET ADDRESS	<b>MUNICIPAL CODE CORP</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] **02/01/95** (904) 385-0821  
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)