Applied For

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N35262

1. Corporation Name

CROOM'S, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

133 HIGHWAY 98 & 11TH STREET APALACHICOLA FL 32320

2. Principal Place of Business

Suite, Apt. #, etc.

21

133 HIGHWAY 98 & 11TH STREET APALACHICOLA FL 32320

FILED Apr 30, 1999 8:00 am § Secretary of State

04-30-1999 90015 014 ****61.25

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3. Date incorporated or Qualifed

11/15/1989

FEI Number

22	m, 610.	27 -					59-2980481		Not	Applicable		
City & State	<u> </u>	City & State						<u></u>	\$8.75 A			
23	~	28					5. Certifcate of Status Desired		Fee Rec	uired		
Zip	Country	Zip	Country			,	6. Election Campaign Financing		\$5.00	May Be		
24	25	29	30				Trust Fund Contribution		Added to	Fees		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
					81	Name						
CROOM, JOHN Q. 11 6TH STREET GREATER APALACHICOLA FL 32320					82 Street Address (P.O. Box Number is Not Acceptable)							
						00007100						
					83	•						
4,12,121					84	City			85 Zip C	ode		
						-		FL				
11. Pursuant	to the provisions of Sections 617.0502	and 617.150	8, Florida Statute	es, the a	pove	-named con	poration submits this statement for the	purpose of	hanging its r	egistered		
office or n	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Suc ns of, Section	n change was a on 617.0503, Flo	utnorized rida Stati	ı by t µtes.	ne corporati	ion's board of directors. I hereby accep	t trie appoin	litioni as reg	istored		
		,								1		
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												
12.	OFFICERS AND	DIRECTOR		13.			ADDITIONS/CHANGES TO OFF	FICERS ANI				
TITLE	PD		☐ DELETE	1.1 70	ΠE				Change	☐ Addition		
NAME	CROOM, JOHN Q.			1.2 N/	WE	1						
STREET ADDRESS	11 6TH STREET	÷		1.3 \$1	REET	address						
CITY-ST-ZIP	APALACHICOLA FL			1.4 CI	TY-ST	-ZIP						
TITLE	D .		☐ DELETE	2.1 TF	ΠE				Change	☐ Addition		
NAME	CROOM, BETTY J.			2.2 N	ME							
STREET ADORESS	11 6TH STREET			2.3 \$1	REET	ADDRESS			•			
~CITY-ST-ZIP	APALACHICOLA FL				ΠY-S	r-ZIP			E-101			
TILE	D		☐ DELETE	13.1 TF	TLE	" ·	-		Change	☐ Addition		
NAME	WHITE, SHIRLEY CROOM			3.2 N	WE							
STREET ADDRESS	200 AVENUE M			3.3 S1	REET	ADDRESS						
CITY-ST-ZIP	APALACHICOLA FL			3.4. C	ITY-S	r-ZIP			<u> </u>	- A - 100-		
TITLE			☐ DELETE	4.1 TT	TLE				Change	☐ Addition		
NAME				4. 2 N	AME				•	ļ		
STREET ADDRESS				4.3 ST	REET	ADDRESS						
CITY-ST-ZIP				4.4 CI	TY-ST	-ZIP			E7.01			
TITLE			☐ DELETE	5.1 TT		ļ			Change	☐ Addition		
NAME				5.2 N								
STREET ADDRESS						ADDRESS	•					
CITY-ST-ZIP				_	TY-SI	-ZIP			=1.0	TA LIVE		
TITLE			☐ DELETE	6.1 TI		ŀ			Change	☐ Addition		
NAME				6.2 N						į		
STREET ADORESS	W. C. Market Strain			6.3 ST	REET	ADDRESS				1		
CITY-ST-ZIP	·* ,				TY-\$T							
44 11	etc et	this filing do	on not qualify for	tha ava	metic	on etated in	Section 119 07(3)(i) Florida Statutes	I further cert	ity that the in	tormation		

In nereby certify that the information supplied with this filing does not quality for the exemption stated in Section 118.07(3)(i), Florida Statutes, I little 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, with all other like empowered.