

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$186 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$386)**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # N38696**

**(3)**

1. Corporation Name

**CROSSOVER INTERNATIONAL, INC.**

**FILED**

**95 JUN 29 PM 1:19**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

% JOE D. MCCUTHEN  
 10936 ASTER AVENUE  
 TAMPA FL 33612

% JOE D. MCCUTHEN  
 10936 ASTER AVENUE  
 TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/14/1990**

3a. Date of Last Report

**04/14/1994**

4. FEI Number

**59-3019778**

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**

7. Nonprofit with IRS 501(c)(3)  
 Tax Exempt Status

☒ **FILING FEE IS  
\$61.25**

8. This corporation has liability for intangible tax under s. 199.032,  
 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, 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

**MCCUTHEN, JOE D.  
 10936 ASTER AVENUE  
 TAMPA FL 33612**

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 617.0502 and 617.1508, 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 617.0503, 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 MCCUTHEN, JOE D.  
 STREET ADDRESS 10936 ASTER AVE.  
 CITY - ST - ZIP TAMPA FL

11 TITLE  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VD  
 NAME MAYO, JAMES IV  
 STREET ADDRESS 3503 NEXUS COURT  
 CITY - ST - ZIP WOODBRIDGE VA

21 TITLE  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE STD  
 NAME MCCUTHEN, JUDY  
 STREET ADDRESS 10936 ASTER AVE.  
 CITY - ST - ZIP TAMPA FL

31 TITLE  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE D  
 NAME JENKINS, JONATHON  
 STREET ADDRESS 8306 NORTH 40TH ST  
 CITY - ST - ZIP TAMPA FL

41 TITLE  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

51 TITLE  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

61 TITLE  
 62 NAME  
 63 STREET ADDRESS  
 64 CITY - ST - ZIP

☐ Change ☐ Addition

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)(k), 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*6/26/95*

*813 935 8887*  
 Daytime Phone #