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May 15 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 # P16927 (6)

1. Corporation Name

~~WILLIAM L. CROW CONSTRUCTION COMPANY~~  
CROW/JONES CONSTRUCTION

Principal Place of Business

Mailing Address

5 PENN PLAZA  
16TH FLOOR  
NEW YORK NY 10001-1810  
US

C/O TAX DEPARTMENT  
8080 J. A. JONES DRIVE  
CHARLOTTE NC 28287-0001  
US



3. Date Incorporated or Qualified  
11/23/1987

3a. Date of Last Report  
05/01/1996

4. FEI Number

13-0609490

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

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
CD  
WOOLF, JACK J.  
STREET ADDRESS  
5 PENN PLAZA  
CITY - ST - ZIP  
NEW YORK NY

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
PD  
KASDEN, ALLEN J.  
STREET ADDRESS  
5 PENN PLAZA  
CITY - ST - ZIP  
NEW YORK NY

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE ☒ DELETE

NAME  
SVDS  
SHEPPARD, CHARLES W.  
STREET ADDRESS  
5 PENN PLAZA  
CITY - ST - ZIP  
NEW YORK NY

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
VP  
GARRIS, JOHN R.  
STREET ADDRESS  
5 PENN PLAZA  
CITY - ST - ZIP  
NEW YORK NY

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
VP  
KILBRIDE, JAMES J.  
STREET ADDRESS  
5 PENN PLAZA  
CITY - ST - ZIP  
NEW YORK NY

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
P  
MCGOVERN, EUGENE F.  
STREET ADDRESS  
5 PENN PLAZA  
CITY - ST - ZIP  
NEW YORK NY

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:

*Jack J. Woolf*  
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 5/1/97  
Daytime Phone # 852 3170

CR2E034 (9/96)