FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 1:53

DOCUMENT # **P17713** **(9)**

1. Corporation Name
CRITTENDEN ADJUSTMENT COMPANY

Principal Place of Business	Mailing Address
5257 CHALLEDON DRIVE VIRGINIA BEACH VA 23462	5257 CHALLEDON DRIVE VIRGINIA BEACH VA 23462

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/20/1988**
3a. Date of Last Report: **02/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: **54-1084706** ☐ 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

9. Name and Address of Current Registered Agent

CRITTENDEN, EDWARD R.
2250 FOWLER ST.
FT MYERS FL 33901

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	SWEENEY, FRANCIS J., III	12 NAME		
STREET ADDRESS	5257 CHALLEDON DR.	13 STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BEACH VA	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	HARDY, ARTHUR M.	22 NAME		
STREET ADDRESS	414 SYCAMORE STREET	23 STREET ADDRESS		
CITY-ST-ZIP	PETERSBURG VA	24 CITY-ST-ZIP		
TITLE	T	31 TITLE		☒ Change ☐ Addition
NAME	HURD, DEBRA L	32 NAME	Delete	
STREET ADDRESS	5257 CHALLEDON DR.	33 STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BEACH VA	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	CRITTENDEN, EDWARD R.	42 NAME		
STREET ADDRESS	2250 FOWLER ST.	43 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	44 CITY-ST-ZIP		
TITLE	CDS	51 TITLE		☐ Change ☐ Addition
NAME	CRITTENDEN, ARCHER B.	52 NAME		
STREET ADDRESS	5257 CHALLEDON DR.	53 STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BEACH VA	54 CITY-ST-ZIP		
TITLE	VD	61 TITLE		☐ Change ☐ Addition
NAME	PAUL, ROBERT A.	62 NAME		
STREET ADDRESS	5257 CHALLEDON DR.	63 STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BEACH VA	64 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 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: _____ 3/28/95 804 490-2323
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Title — Telephone Number

P17713 FF