

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUL -3 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P93000042545 (2)

1. Corporation Name

CREPEAU CORPORATION

Principal Place of Business

2430 S NOVA RD
S DAYTONA FL 32119
US

Mailing Address

2430 S NOVA RD
S DAYTONA FL 32119-2510
US

2. Principal Place of Business

21 401B Venture Dr.

Suite, Apt. #, etc.

City & State

23 S. Daytona, FL

Zip

24 32119

Country

25 USA

2a. Mailing Address

26 401B Venture Dr.

Suite, Apt. #, etc.

City & State

28 S. Daytona, FL

Zip

29 32119

Country

30 USA

3. Date Incorporated or Qualified

06/16/1993

3a. Date of Last Report

05/29/1996

4. FEI Number

59-3189555

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

CREPEAU, BRUCE
2430 S. NOVA ROAD
S. DAYTONA FL 32119

10. Name and Address of New Registered Agent

81 Name Crepeau, Bruce
82 Street Address 401B Venture Dr.
83
84 City S. Daytona, FL 85 Zip Code 32119

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

Bruce Crepeau

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

(NOTE: Registered Agent signature required when reinstating)

4/22/97
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CREPEAU, BRUCE M
STREET ADDRESS 43 BROADRIVER RD
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ DELETE

NAME CREPEAU, MICHELE
STREET ADDRESS 43 BROADRIVER RD
CITY-ST-ZIP ORMOND BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

200002234272--7

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****165.00 ****165.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

Bruce Crepeau

4/22/97

904/767-7200

CR2E034 (9/96)