# 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 FEB 13 AM 11:46

DOCUMENT # P93000076465 (2)

1. Corporation Name
CROWLEY-SCOTT MARKETING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 187 TOLLGATE BRANCH<br>LONGWOOD FL 32750 | 187 TOLLGATE BRANCH<br>LONGWOOD FL 32750 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/29/1993
3a. Date of Last Report: 03/25/1994

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-3206206 ☐ 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

HUGHES, JOHN
2731 SILVER STAR ROAD
ORLANDO FL 32808-3935

10. Name and Address of New Registered Agent

81 Name: DEBORAH A. CROWLEY
82 Street Address (P.O. Box Number is Not Acceptable): 187 TOLLGATE BR.
83:
84 City: LONGWOOD FL 85 Zip Code: 32750

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: Deborah A. Crowley — 2/6/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailing) Date

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DP | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | CROWLEY, DEBORAH A | 1.2 NAME | |
| STREET ADDRESS | 187 TOLLGATE BRANCH | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LONGWOOD FL 32750 | 1.4 CITY-ST-ZIP | |
| TITLE | DV | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | SCOTT, KAREN M | 2.2 NAME | |
| STREET ADDRESS | 3488 LAKE HARVEY CIRCLE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | GENEVA FL 32732 | 2.4 CITY-ST-ZIP | |
| TITLE | DS | 3.1 TITLE | DS ☑ Change ☐ Addition |
| NAME | HUGHES, JOHN W | 3.2 NAME | GEORGE UDVARI |
| STREET ADDRESS | 2731 SILVER STAR ROAD | 3.3 STREET ADDRESS | 706 TURNBURY AVE |
| CITY-ST-ZIP | ORLANDO FL 32808-3935 | 3.4 CITY-ST-ZIP | ALTAMONTE SPRINGS, FL. 32701 |
| TITLE | DT | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | SCOTT, KAREN M | 4.2 NAME | |
| STREET ADDRESS | 3488 LAKE HARVEY CIRCLE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | GENEVA FL 32732 | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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: Deborah A. Crowley — 2/6/95 — 407-831-8265
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
DEBORAH A. CROWLEY

0040607 CP