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 22 AM 9:59

DOCUMENT # P93000087685 (2)

1. Corporation Name
CREWS-N- CONNECTIONS, INC.

Principal Place of Business	Mailing Address
3620 NE 8TH PLACE #6 2320 NE 2nd St OCALA FL 34470 US #2 Ocala, Fl. 34470 US	3620 NE 8TH PLACE #6 2320 NE 2nd St OCALA FL 34470 US #2 Ocala, Fl 34470 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1993	3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-3222616	☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 2320 NE 2nd St #2	26 2320 NE 2nd St
Suite, Apt. #, etc. 22 #2	Suite, Apt. #, etc. 27 #2
City & State 23 Ocala Fl.	City & State 28 Ocala Fl.
Zip 24 34470 Country 25 USA	Zip 29 34470 Country 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CREWS DANNA, M 3620 N.E. 8TH PLACE OCALA FL 34470	81 Name: Crews, DANNA M. 82 Street Address (P.O. Box Number is Not Acceptable): 4547 SE 4th Place 83 ⊘ 84 City: Ocala FL 85 Zip Code: 34471

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	CREWS, DANNA M	12 NAME	
STREET ADDRESS	3620 N.E. 8TH PLACE	13 STREET ADDRESS	4547 SE 4th Pl
CITY-ST-ZIP	OCALA FL 34470	14 CITY-ST-ZIP	Ocala Fl 34471
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	CREWS, JAMES P	22 NAME	
STREET ADDRESS	3620 N.E. 8TH PLACE	23 STREET ADDRESS	4547 SE 4th Pl
CITY-ST-ZIP	OCALA FL 34470	24 CITY-ST-ZIP	Ocala Fl 34471
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is absolutely true and correct, that I am familiar with the requirements stated in Section 607.0505, Florida Statutes. I further certify that the information indicated on this 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 13 above, or on an attachment with an address.

SIGNATURE: X Danna Crews 2/17/95 904 620 2280
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR OFFICER ON PAGE ONE — DATE — Daytime Phone #
DANNA Crews

0362017 CP