

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **P94000007369 (9)**

1. Corporation Name

CRAWL'S HANDYMAN SERVICES INCORPORATED

05 MAY -1 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

18000 N.W. 6TH COURT
MIAMI FL 33169

Mailing Address

18000 N.W. 6TH COURT
MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

City & State

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

City & State

30

4. FEI Number

65-0462805

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:

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.
4521 PGA BLVD.
PALM BEACH GARDENS FL 33418

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

Signature of Registered Agent (Required if agent is not the Secretary of State)

Signature of Agent (Required if agent is not the Secretary of State)

Date

12. OFFICERS AND DIRECTORS

1. TITLE	D
2. NAME	CRAWL, JAFFRY
3. STREET ADDRESS	18000 N.W. 6TH COURT
4. CITY, ST, ZIP	MIAMI FL 33169
5. TITLE	D
6. NAME	ROBINSON, ROBERT
7. STREET ADDRESS	18000 N.W. 6TH COURT
8. CITY, ST, ZIP	MIAMI FL 33169
9. TITLE	D
10. NAME	ROBINSON, DENISE
11. STREET ADDRESS	18000 N.W. 6TH COURT
12. CITY, ST, ZIP	MIAMI FL 33169
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

Information supplied with this filing is voluntarily furnished, and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. Further, I declare that the information 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 the seal of the corporation or the notary or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name is not changed, or on an attachment with an address.

Robert L. Robinson Director
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-95

652-7690