

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000047182 (8)

1. Corporation Name

M.J. CRAWFORD ENTERPRISES, INC.



Principal Place of Business

29259 U.S. 19 NORTH  
CLEARWATER FL 34621

Mailing Address

29259 U.S. 19 NORTH  
CLEARWATER FL 34621

3. Date Incorporated or Qualified  
06/23/1994

3a. Date of Last Report  
09/28/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-3253590

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOX, GREGORY A  
2850 US 19 NORTH STE. 100  
CLEARWATER FL 34621

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, typed or printed name of registered agent, if applicable)

(NOTE: Registered Agent Signature required when registering)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: DP NAME: CRAWFORD, MARLENE STREET ADDRESS: 29259 U.S. 19 NORTH CITY, ST, ZIP: CLEARWATER FL 34621 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DST NAME: CRAWFORD, ALEXANDER STREET ADDRESS: 29259 U.S. 19 NORTH CITY, ST, ZIP: CLEARWATER FL 34621 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY, ST, ZIP:	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE NAME: STREET ADDRESS: CITY, ST, ZIP:	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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:

*Marlene Crawford President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Marlene Crawford, President

*Jan 26/96 813-787-4000*  
DATE AND TELEPHONE NUMBER

CR2E034 (12/95)