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Feb 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000047183 (6)

1. Corporation Name
CRAWFORD PROPERTIES, INC.



Principal Place of Business

151 REGIONS WAY
BOLG 1 STE F
DESTION FL 32541
US

Mailing Address

151 REGION WAYS BDLG 1
STE F
DESTIN FL 32541
US

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 SUITE 1F
23 City & State
DESTIN
24 Zip
Country

2a. Mailing Address

26 151 REGIONS WAY
27 SUITE 1F
28 City & State
Country

3. Date Incorporated or Qualified

06/14/1994

3a. Date of Last Report

04/15/1996

4. FEI Number

59-3254396

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

FOSTER, WILLIAM S
909 MAR WALT DR
SUITE 1014
FT WALTON BEACH FL 32547

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 typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	CRAWFORD, T. C.	
STREET ADDRESS	151 REGIONS WAY BLDG 1 STE F	
CITY - ST - ZIP	DESTIN 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	S	Change	Addition
1.2 NAME	MARY B. CRAWFORD		
1.3 STREET ADDRESS	151 REGIONS WAY, SUITE 1F		
1.4 CITY - ST - ZIP	DESTIN, FL 32541		
2.1 TITLE	D	Change	Addition
2.2 NAME	CRAWFORD, T.C.		
2.3 STREET ADDRESS	151 REGIONS WAY, SUITE 1F		
2.4 CITY - ST - ZIP	DESTIN, FL 32541		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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: T. C. CRAWFORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/97 904-654-8042

Date Daytime Phone #

CP2E034 (9/96)