

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000090893 (6)

1. Corporation Name

CRABBY TOM'S MANAGEMENT, INC.

Principal Place of Business

Mailing Address

9130 WEST HILLSBOROUGH AVENUE
TAMPA FL 33614

3430 WEST HILLSBOROUGH AVENUE
TAMPA FL 33614

14404 N. Dale Mabry
Tampa, FL 33618

SAME

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/15/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 14404 N. Dale Mabry

26 14404 N. Dale Mabry

4. FEI Number

59-328-4785

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

City & State

City & State

23 Tampa, FL.

28 Tampa FL.

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33618

25

29 33618

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARNETT, LESLIE J.
601 BAYSHORE BLVD. STE. 700
TAMPA FL 33606

81 Name

ANNE HIGGINS

82 Street Address (P.O. Box Number is Not Acceptable)

5042 PALOMA DRIVE

83

TAMPA, FLORIDA 33624

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

Anne Higgins
Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

4-17-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President / Treasurer
NAME ANNE HIGGINS
STREET ADDRESS 5042 PALOMA DR.
CITY - ST - ZIP TAMPA, FL 33624

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE V-P / Secretary
NAME GAY WALTERS
STREET ADDRESS 11610 Hidden Hollow Circle
CITY - ST - ZIP TAMPA, FL 33635

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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 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:

Anne Higgins
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

ANNE HIGGINS

Date

(Typed Name)

4-17-95 961-3499