

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000034935 (3)**

1. Corporation Name

CREWS "N" II, INC.



Principal Place of Business

**223 U.S. HIGHWAY 17 SOUTH
YULEE FL 32097**

Mailing Address

**223 U.S. HIGHWAY 17 SOUTH
YULEE FL 32097**

2. Principal Place of Business

21 **3199 S. FLETCHER AVE.**

Suite, Apt. #, etc.

2a. Mailing Address

26 **SAME**

Suite, Apt. #, etc.

22

City & State

23 **FDNA, BCH.**

27

City & State

24

Zip

FL.

25

U.S.

29

Zip

30

Country

9. Name and Address of Current Registered Agent

**CREWS, JAMES W II
3243 RIVER ROAD
GREEN COVE SPRINGS FL 32043**

3. Date Incorporated or Qualified

04/26/1995

3a. Date of Last Report

4. FEI Number

59-3314117

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

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 the corporation

NOTE: If a third party's signature is required, please attach it to this filing.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D CREWS, JAMES W II**
STREET ADDRESS **223 U.S. HIGHWAY 17 SOUTH**
CITY-STATE-ZIP **YULEE FL 32097**

TITLE ☐ DELETE
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STREET ADDRESS
CITY-STATE-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-STATE-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: **JAMES W. CREWS II**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96
Date

904-225-2567
Date of Filing

CR2E034 (12/95)