

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000083365**

1. Corporation Name

Cribbs Development, Inc.

Principal Place of Business

Mailing Address

3317 Woodbury Ct
St. Augustine, FL 32086

SAME

2. Principal Place of Business

2a. Mailing Address

21 3317 Woodbury Ct

26 *SAME*

Suite, Apt #, etc

Suite, Apt #, etc

22 City & State

27 City & State

23 St. Aug. FL

28 City & State

24 Zip

25 Country

32086

25 St. Johns

29 Zip

30 Country

3. Date incorporated or Qualified

3a. Date of Last Report

Oct 20, 1995

4. FEI Number

Applied For
Not Applicable

59-3354009

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

10. Name and Address of New Registered Agent

Wally E. Scott, Esquire
P.O. Box 182
Hastings, FL 32145

81 Name **Jamie Jo Cribbs**
82 Street Address (P.O. Box Number is Not Acceptable)
3317 Woodbury Ct
83 **St. Augustine**
84 City

FL 85 Zip Code **32086**

11. Pursuant to the provisions of Sections 607.0507 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 *Jamie Jo Cribbs, President* DATE **6-18-96**

Signature typed or printed name of signing officer or director

NOTE: If a third party is appointed as registered agent, the signature of the third party is required.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jamie Jo Cribbs	1.2 NAME	
STREET ADDRESS	3317 Woodbury Ct	1.3 STREET ADDRESS	
CITY-ST-ZIP	St. Aug. FL 32086	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vernon L. Cribbs	2.2 NAME	
STREET ADDRESS	3317 Woodbury Ct	2.3 STREET ADDRESS	
CITY-ST-ZIP	St. Aug. FL 32086	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vernon L. Cribbs	3.2 NAME	
STREET ADDRESS	3317 Woodbury Ct	3.3 STREET ADDRESS	
CITY-ST-ZIP	St. Aug. FL 32086	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jamie Jo Cribbs	4.2 NAME	
STREET ADDRESS	3317 Woodbury Ct	4.3 STREET ADDRESS	
CITY-ST-ZIP	St. Aug. FL 32086	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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*****233.75**

06-28-96 *OK*

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: *Jamie Jo Cribbs, President* DATE: **6-18-96** TELEPHONE: **904-471-8600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)