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Jan 28 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 # P95000083958 (5)

1. Corporation Name
CRABTREE & COMPANY, INC.

Principal Place of Business
1519 COMMERCIAL PARK DRIVE
LAKELAND FL 33801

Mailing Address
1519 COMMERCIAL PARK DRIVE
LAKELAND FL 33801-6516



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/13/1995		3a. Date of Last Report 04/26/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3341754		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent KEITH, W C 1517 COMMERCIAL PARK DRIVE LAKELAND FL 33801				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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE D CRABTREE, DON 1519 COMMERCIAL PARK DR. LAKELAND FL				1.1 TITLE Change <input type="checkbox"/> Addition <input type="checkbox"/>			
1.2 NAME CRABTREE, DON				1.2 NAME			
1.3 STREET ADDRESS 1519 COMMERCIAL PARK DR.				1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP LAKELAND FL				1.4 CITY-ST-ZIP			
2.1 TITLE VP CRABTREE LAYE 1519 COMMERCIAL PARK DR. LAKELAND FL				2.1 TITLE VP Crabtree, Kaye 1519 Commercial Park Dr. Lakeland, FL 33801			
2.2 NAME CRABTREE LAYE				2.2 NAME			
2.3 STREET ADDRESS 1519 COMMERCIAL PARK DR.				2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP LAKELAND FL				2.4 CITY-ST-ZIP			
3.1 TITLE				3.1 TITLE			
3.2 NAME				3.2 NAME			
3.3 STREET ADDRESS				3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP				3.4 CITY-ST-ZIP			
4.1 TITLE				4.1 TITLE			
4.2 NAME				4.2 NAME			
4.3 STREET ADDRESS				4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP				4.4 CITY-ST-ZIP			
5.1 TITLE				5.1 TITLE			
5.2 NAME				5.2 NAME			
5.3 STREET ADDRESS				5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP				5.4 CITY-ST-ZIP			
6.1 TITLE				6.1 TITLE			
6.2 NAME				6.2 NAME			
6.3 STREET ADDRESS				6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP				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:

Kaye Crabtree
Kaye Crabtree 1-22-97 941/668-0725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)