

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000092654 (9)

1. Corporation Name
CROCKER SERVICES, INC.

Principal Place of Business

6438 WALTHO DR.
JACKSONVILLE FL 32277

Mailing Address

6438 WALTHO DR.
JACKSONVILLE FL 32277

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

8. Name and Address of Current Registered Agent

WINKLER, JOHN S
2515 OAK ST.
JACKSONVILLE FL 32204

81 Name

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

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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 *Barbara J. Crocker*
Signature, typed or printed name of registered agent and title if applicable

4-27-88

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROCKER, BARBARA J	STREET ADDRESS	1.2 NAME	
STREET ADDRESS	6438 WALTHO DR.	CITY-ST-ZIP	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32277		1.4 CITY-ST-ZIP	
TITLE		NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		STREET ADDRESS	2.2 NAME	
STREET ADDRESS		CITY-ST-ZIP	2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		STREET ADDRESS	3.2 NAME	
STREET ADDRESS		CITY-ST-ZIP	3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		STREET ADDRESS	4.2 NAME	
STREET ADDRESS		CITY-ST-ZIP	4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		STREET ADDRESS	5.2 NAME	
STREET ADDRESS		CITY-ST-ZIP	5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		STREET ADDRESS	6.2 NAME	
STREET ADDRESS		CITY-ST-ZIP	6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I 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.

BARBARA J. CROCKER

CR2E034 (10/97)