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Feb 06 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 # P96000028562 (2)

1. Corporation Name:

CROSSMAN ENTERPRISES, INC.

Principal Place of Business:

3202 GAME FARM ROAD  
PANAMA CITY FL 32405

Mailing Address:

3202 GAME FARM ROAD  
PANAMA CITY FL 32405-7005



3. Date Incorporated or Qualified

04/02/1996

3a. Date of Last Report

4. FEI Number

593369969

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

BROWN, JUDITH L  
107 INDIAN SUMMER DR.  
PANAMA CITY FL 32404

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

TITLE PD ☐ DELETE

NAME CROSSMAN, ROBERT J  
STREET ADDRESS 3202 GAME FARM ROAD  
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE VD ☐ DELETE

NAME CROSSMAN, ROBERT J JR  
STREET ADDRESS 3202 GAME FARM ROAD  
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE SD ☐ DELETE

NAME BROWN, JUDITH L  
STREET ADDRESS 107 INDIAN SUMMER DR  
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE TD ☐ DELETE

NAME CROSSMAN, KENNETH M  
STREET ADDRESS 499 TRANSMITTER ROAD APT D  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

10306 Thomas Lane  
Fountain FL 32438

3924 Cedar Bluff Rd  
Southport FL 32409

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: Judith L Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-97

Date

904-872-1658

Daytime Phone

CR2E034 (9/96)