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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000028562 (2)

CROSSMAN ENTERPRISES, INC.

Principal Place	of Business	Mailing Address			
3202 GAME FARM ROAD		3202 GAME FARM ROAD			
PANAMA CITY F	-	PANAMA CITY FL 32405-7			
				3. Date Incorporated or Qualified	3a. Date of Last Report
				04/02/1996	Ja. Date of East Report
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number	Applied For
1		26		593369969	Not Applicabl
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
3		28		Trust Fund Contribution	Added to Fees
- Zip 31	Gountry	Zip	Country	8. This corporation has liability for in	
	25 25 Name and Address of Currer	29 nt Boolstered Agent	30	Florida Statutes 10. Name and Address of New Rec	Yes No
		nt negistered Agent	81 Name	10. Name and Address of New Heg	Jistered Agent
	WN, JUDITH L		I Name		
	Indian Summer Dr.		82 Street Ad	ddress (P.O. Box Number is Not Acceptabl	le)
PANA	AMA CITY FL 32404		83		
			84 City	-	FL 85 Zip Code
M. Disserved to	the provisions of Sections 607 050	02 and 607 1509. Florida Statut	tos the above named a	paragration submits this statement for the su	
	gistered agent, or both, in the State	e of Florida. Such change was a	authorized by the corpo	orporation submits this statement for the publication's board of directors. I hereby accep	urpose or changing its registered it the appointment as registered
office or req					-
office or req agent. I am	i familiar with, and accept the oblig	gations of, Section 607.0505, Flo	orida Statutes.		
SIGNATURE					
SIGNATURE si	lignature, typed or printed name of registered ag	gent and title if applicable (NOT	E: Registered Agent signature re	equired when re-instating)	DATE:
SIGNATURE si	ilgnasive, typed or proted name of registered ag OFFICERS AN		E: Registered Agent signature re		DATE : ERS AND DIRECTORS IN 12
SIGNATURE SI	lignature, typed or profed name of registered ag OFFICERS AN	gent and title if applicable (NOT ND DIRECTORS	13.	equired when re-instating)	DATE : ERS AND DIRECTORS IN 12
SIGNATURE SI 2. SILE IAME	Ignature, typed or proted name of registered my OFFICERS AN PD CROSSMAN, ROBERT J	gent and title if applicable (NOT ND DIRECTORS	E: Registered Agent signature re 13. 1.1 TITLE 1.2 NAME	equired when re-instating)	DATE : ERS AND DIRECTORS IN 12
SIGNATURE SILE SILE STREET ADDRESS	Ignature, typed or printed name of registered my OFFICERS AN PD CROSSMAN, ROBERT J 3202 GAME FARM ROAD	gent and title if applicable (NOT ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	equired when re-instating)	DATE : ERS AND DIRECTORS IN 12
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SIGNATURE:

JUNATURE AND TYPES OR PHINTED NAME OF SCIONING OFFICER OR DIRECTOR

1-13-97

904-872-1658

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Feb 06 1997 8:00am

Secretary of State

- Likakino: (in ibilo dili) dekil balik onlik onlik dilib keni ibilo dilib dilib dilib