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PROFIT CORPORATION. ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000030782**1. Corporation Name

P.D. CREW, INC.

Principal Place of Business	Mailing Address
2405 SOUTH WILDERNESS DRIVE	2405 SOUTH WILDERNESS DRIVE FORT PIERCE FL 34982

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90023 026 ***150.00



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Principal Plac	e of Business	Mailing Address							
FORT PIERCE	ITH WILDERNESS DRIVE 2405 SOUTH WILDERNESS DRIVE FORT PIERCE FL 34982			•	DO NOT WRITE IN THIS SPACE				
	•					3. Date Incorporated or Quali		O OFACE	
. • ` .	4					04/02/1996	nod.		
4 5 5	Name of Parallel	2a Mailing Address				4. FEI Number		Δ	plied For
∡. Principal P	Place of Business	2a. Mailing Address				65-0676536	•	<u> </u>	ot Applicable
26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State						05-00/0330	\$8.75 ₊ A		
						5. Certifcate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be			
اما	¬ ***, ·· · · · · · · · · · · · · · · · ·			Trust Fund Contribution			"' ⁹ 🗌		to Fees
Zip	Zip Country Zip		Cou	Country		8. This corporation owes the	current year II	ntangible	
<u></u>	25	29	30	n,		Personal Property Tax.	.,	☐Yes	M No
<u>*-</u>	9. Name and Address of Curre		14-21			10. Name and Address of No	w Registered	d Agent	
	1 50 4 14			81 Nam	10				
	W, PAMELA H			82 Stre	et Addre	ss (P.O. Box Number is Not Acc	eptable)		
	5 SOUTH WILDERNESS DRIVE		i	3116	or Additi	OU (F.O. DOX HAITING) IS HAUL MADE		1015, 40 0 1044	
FOR	RT PIERCE FL 34982		,	83					
	· .			84 City			n film ly sage	** 85 Zip	Còde
more south or	to the provisions of Sections 607.05								
12.	Signature, typed or printed name of registered age OFFICERS A	ent and title if applicable. (NO ND DIRECTORS	TE: Registered	Agent signatu	re required t	when reinstating) (ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTO	DRS IN 12
TITLE	P	DELETE	1.1 TR	LE		M. William		Change	Addition
NAME	CREW, DAVID L. SR		1.2 NA	ME					
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CITY-ST-ZIP	FT PIERCE FL		1.4 CF	ry-st-zip					
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CITY-ST-ZIP	FT PIERCE FL	e green to compete	2. 4 C	TY-ST-ZIP					
TITLE	J	DELETE □ DELETE	3.1 17	LE			i	Change	Addition
NAME	CREW, PAMELA H.		3.2 NA	ME .		•			
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TITLE.		☐ DELETE	5.1 มีใ				•	Change	Addition Addition
NAME:	-		5.2 NA						
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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, er on an attachment with an address, with all other like empowered.

SIGNATURE

nela. H. Crew 1/19/99