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

FILED
Jun 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P97000044385

1. Corporation Name
LARRY CROW, P.A.

59-3463732

Principal Place of Business
135 E. Lemon St.
Tarpon Springs, FL 34689

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Tarpon Springs FL
Suite, Apt. #, etc.
22 N/A
City & State
23
Zip
24
County
25

2a. Mailing Address
26 135 E. Lemon St.
Suite, Apt. #, etc.
27
City & State
28 Tarpon Springs FL
Zip
29 34689
Country
30

3. Date Incorporated or Qualified 5/15/97

4. FEI Number [redacted] ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
Larry Crow
135 E. Lemon St.
Tarpon Springs, FL 34689

10. Name and Address of New Registered Agent
81 Name Larry Crow
82 Street Address (P.O. Box Number is Not Acceptable) 135 E. Lemon St.
83 Tarpon Springs FL 34689
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, 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 [redacted] (If changing Registered Agent, Registered Agent must sign above) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Larry Crow	1.2 NAME	
STREET ADDRESS	Pres / Sec.	1.3 STREET ADDRESS	
CITY-ST-ZIP	135 E. Lemon St,	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS	Tarpon Springs, FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	34689	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	600002549526
STREET ADDRESS		5.3 STREET ADDRESS	-06/05/98--01086--021
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***150.00
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

JZ 6/3

14. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental requirements 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 1 or Block 12 if changed, or added, in Block 13 per instructions.

SIGNATURE: [redacted] 5/1/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

PRES. (813) 945-1112
Daytime Phone Number

CR2E034 (10/97)