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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000059735

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90026 044 ***150.00

CROCKE	ETT'S, INC.								
Principal Plac	e of Business	Mailing Address				L ##############################	AL VI ENT VIII	W1141 15411 1888	
3116 BRITTANY PLACE PENSACOLA FL 32504 3116 BRITTANY PLACE PENSACOLA FL 32504						DO NOT WRI	TE IN THIS	SPACE	
						3. Date Incorporated or Qualifed			
						07/07/1997			
Principal Place of Business Za. Mailing Address						4. FEI Number		i i i i i i i i i i i i i i i i i i i	plied For
21		26				59-3470046			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired		\$8.75 A	
City & Staf	te	City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added 1	o Fees
Zip	Country	Zip		ıntry		8. This corporation owes the curr	ent year Int		
24	25	29	30			Personal Property Tax.	2paietoro-	Yes	□No
	9. Name and Address of Curren	t Registered Agent		81	Name	10. Name and Address of New I	redisteled	Agent	
MASSENGILL, FRANK C JR									
3116 BRITTANY PLACE PENSACOLA FL 32504				82	Street Addr	ress (P.O. Box Number is Not Accept	able)		
				83					
				84	City		FL	85 Zip (Code
SIGNATURE	am familiar with, and accept the obligat	it and title if applicable. (NO	TE: Registered			d when reinstating)	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	PSD DELETE MASSENGILL, FRANK C JR		1	1.1 TITLE 1.2 NAME				Change	☐ Addition
NAME	AAAA DOITTANIV DI ACE								
STREET ADDRESS	PENSACOLA FL 32504				ADDRESS				
CITY-ST-ZIP	IDD DELETE		_	1.4 C/TY-ST-ZIP 2.1 TITLE				Change	Addition
NAME	MASSENGILL, ELIZABETH E			2.2 NAME				_ ,	
STREET ADDRESS	ALLA DOUTTANN DI ACC				ADDRESS				
CITY-ST-ZIP	PENSACOLA FL 32504			ITY-S	ľ	 -		_	
TITLE	☐ DELETE			3.1 TITLE				Change	Addition
NAME]		3.2 N	AME					
STREET ADDRESS			3.3 \$1	TREET	ADDRESS				
CITY-ST-ZIP			3.4. C	πy-s	T-ZIP	<u> </u>			
TITLE		☐ DELETE	4.1 TI	TLE				Change	☐ Addition
NAME			4. 2 N		\				
STREET ADDRESS			4.3 ST	TREET	FADDRESS				
CITY-ST-ZIP				TY-\$1	T-ZIP	····			□ • 3.356 -
TITLE .		☐ DELETE	5.1 TT 5.2 N/					Change	Addition
NAME					ADDRESS				
STREET ADDRESS				TY-ST					
CITY-ST-ZIP		☐ DELETE	6.1 TI					Change	Addition
			6.2 N					00.,90	
NAME STREET ADDRESS					ADDRÉSS				
CITY-ST-ZIP				TY-ST					İ

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, with all other like empowered.

SIGNATURE:

850-432-6766