Applied For

Not Applicable

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 # **P97000108205**1. Corporation Name

CRINER & SONS, INC.

2. Principal Place of Business

Principal Place of Business	Mailing Address			
2010 WHITE AVE	2010 WHITE AVE			
ORLANDO FL 32806	ORLANDO FL 32806			

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2a. Mailing Address

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90036 024 ***158.75



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

12/26/1997

59-3494557

4. FEI Number

Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	×	\$8.75 A			
City & State City & State				6. Election Campaign Financing		\$5.00				
23		28			Trust Fund Contribution		Added to	Fees		
Zip	Country	Zip	Country	1	8. This corporation owes the curr	ent year In		⊠ No		
24	25	1	30		Personal Property Tax.	31.4		ME NO		
	9. Name and Address of Current	Registered Agent	- 100	T Manage	10. Name and Address of New F	kegisterea	Agent			
ODIN	CD CATHEDINE		∮81	Name						
CRINER, CATHERINE 2010 WHITE AVE ORLANDO FL 32806			82	82 Street Address (P.O. Box Number is Not Acceptable)						
			83	1						
			84	City			85 Zip C	ode		
				/		Ft	<u>- </u>			
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										
	Signature, typed or printed name of registered agent		Registered Age	nt signature required	ADDITIONS/CHANGES TO OF		ND DIRECTO	RS IN 12		
12.	OFFICERS AND	DELETE	1.1 TITLE		ADDITIONS/GITANGES TO GI	I IOLINO A	☐ Change	Addition		
TITLE	D COINTED CATHEDINE		1.2 NAME				_ ,			
NAME	CRINER, CATHERINE L		1							
STREET ADDRESS	2010 WHITE AVE			T ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32806	O DELETE	1,4 CITY-1	ST-ZIP			Change	Addition		
TITLE	D	☐ DELETE	2.1 TITLE				onange			
NAME	CRINER, JAMES E		2.2 NAME							
STREET ADDRESS	2010 WHITE AVE			T ADDRESS						
-CITY-ST-ZIP	ORLANDO FL 32806	DELETE	2. 4 CITY-	ST-ZIP			Change	Addition		
TITLE	D	☐ DELETE	3.1 TITLE	ĺ			☐ Change			
NAME	CRINER, CHARLES R SR		3.2 NAME	1						
STREET ADDRESS	2010 WHITE AVE			TADORESS						
CITY-ST-ZIP	ORLANDO FL 32806		3.4. CITY-	ST-ZIP			E7 Change	- Addition		
TITLE		☐ DELETE	4.1 TITLE				Change	Addition		
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREE	T ADDRESS						
CITY-ST-ZIP	•·		4.4 CITY-	ST-ZIP			Channe			
TITLE	•	☐ DELETE	5.1 TITLE				Change	Addition		
NAME			5.2 NAME							
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP			5.4 CITY-							
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition		
NAME			6.2 NAME							
STREET ADDRESS			6.3 STRE	ET ADDRESS						
CITY-ST-ZIP	下的研究的		6.4 CITY-							
		AL 1- 600	the evere	tion stated in C	ection 119 07(3)(i) Florida Statutes.	Literation	wife that the in	formation		

indicated on this annual report or supplied with fins filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, Florida Statutes, Florida Statutes, Florida Statutes, Florida Statutes, Indicated on this 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.