

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

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**Apr 16 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S03659 (7)
1. Corporation Name
RICK CROFT ENTERPRISES, INC.

Principal Place of Business: **6422 NW 33RD ST. GAINESVILLE FL 32606**
Mailing Address: **6422 NW 33RD ST. GAINESVILLE FL 32653-1332**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. 2415 NW 35th Terrace		26. 2415 NW 35th Terrace		10/03/1990	07/01/1996
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
23. Gainesville, FL		28. Gainesville, FL		69-3035521	<input checked="" type="checkbox"/> Not Applicable
24. 32605		29. 32605		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. U.S.		30. U.S.		<input type="checkbox"/>	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution				<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CROFT, RICKIE B. 6422 NW 33RD ST. GAINESVILLE FL 32606				b1 Name			
				b2 Street Address (P.O. Box Numbers Not Acceptable)			
				2415 NW 35th Terrace			
				b3			
				b4 City			
				Gainesville			
				b5 State			
				FL			
				b6 Zip Code			
				32605			

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CROFT, RICKIE B.	1.2 NAME	
STREET ADDRESS	6422 NW 33RD ST.	1.3 STREET ADDRESS	2415 NW 35th Terrace
CITY - ST - ZIP	GAINESVILLE FL	1.4 CITY - ST - ZIP	GAINESVILLE, FL 32605
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: **Rickie B. Croft** **3/28/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)