

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -5 AM 8:50

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # V06552 (6)

1. Corporation Name

CRENIER & ASSOCIATES, INC.

Principal Place of Business

15103 WINTERWIND DR
 TAMPA FL 33624

Mailing Address

15103 WINTERWIND DR
 TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/13/1992

3a. Date of Last Report
07/22/1994

4. FEI Number
59-3117802

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Exemption (any apply? If yes, explain)
 Trust, Trust Corporation ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 193.032
 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GIBBONS, JOHN B.
 101 E KENNEDY BLVD
 SUITE 1760
 TAMPA FL 33602**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)
408 E. MADISON ST

83. City

TAMPA

FL

85. Zip Code
33602

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 must be printed name of registered agent and the corporation)

(Signature must be printed name of registered agent and the corporation)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	D
2. NAME	GIBBONS, KIM C.
3. STREET ADDRESS	15103 WINTERWIND DR
4. CITY, ST, ZIP	TAMPA FL
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information submitted 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 Items 12 or Item 13, or on an attachment with an address.

SIGNATURE:

Kim C. Gibbons
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KIM CRNIER GIBBONS

4/25/95 **513 983 1693**