FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V15796 (8)

1. Current Name
CROWN TECHNICAL SOLUTIONS, INC.

Principal Place of Business	Mailing Address
5664 STRAWBERRY LAKES CIR LAKE WORTH FL 33463 US	P.O. BOX 6409 LAKE WORTH FL 33466-6409 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
State Agt. # (if) — 22
State Agt. # (if) — 27
City & State — 23
City & State — 28
24 25 29 30

4. FEI Number: 65-0349979 ☐ 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 has qualify for intangible tax under ch. 199 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CRONSJO-BEALS EVA S
5664 STRAWBERRY LAKES CIR
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 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, Sec. 607.0502, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 14
70	D	☐ Change ☐ Addition
NAME	BEALS, ROBERT O., III	
STREET ADDRESS	5664 STRAWBERRY LKS. CR.	
CITY ST ZIP	LAKE WORTH FL	
80	D	☐ Change ☐ Addition
NAME	CRONSJO-BEALS, EVA E.	
STREET ADDRESS	5664 STRAWBERRY LKS. CR.	
CITY ST ZIP	LAKE WORTH FL	
90		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
100		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
110		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
120		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		

14. I declare I certify that the information supplied with this report is accurate, complete and that I am qualified to be the signature required on Section 607.0502, Florida Statutes. I further certify that the information indicated on this 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 with an asterisk or attached with an explanation.

SIGNATURE: [signature] 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0436027 FP