SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $223 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **V70418** **(1)**

1. Corporation Name
THE FLORIDA CRIB COMPANY

FILED
95 JUL 25 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
824 CREIGHTON ROAD PENSACOLA FL 32504	824 CREIGHTON ROAD PENSACOLA FL 32504

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1992
3a. Date of Last Report: 06/15/1994

2. Principal Place of Business	2a. Mailing Address
21 1909 E. Olive Road	26 1909 E. Olive Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Pensacola, FL	City & State 28 Pensacola, FL
Zip 24 32514 Country 25 USA	Zip 29 32514 Country 30 USA

4. FEI Number: 59-3146753 ☐ 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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARRINGTON, LYNNE G. 824 CREIGHTON ROAD PENSACOLA FL 32504	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1909 E. Olive Road 83 84 City: Pensacola FL 85 Zip Code: 32514

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] 6-22-95
(Registered Agent Signature required when reinstating) (NOTE: Registered Agent Signature required when qualifying) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	HARRINGTON, JAMES P.	12 NAME	
STREET ADDRESS	824 CREIGHTON RD.	13 STREET ADDRESS	1909 E. Olive Road
CITY ST ZIP	PENSACOLA FL 32504	14 CITY ST ZIP	Pensacola, FL 32514
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	HARRINGTON, JAMES P	22 NAME	
STREET ADDRESS	824 CREIGHTON RD.	23 STREET ADDRESS	1909 E. Olive Road
CITY ST ZIP	PENSACOLA FL 32504	24 CITY ST ZIP	Pensacola, FL 32514
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	HARRINGTON, LYNNE G.	32 NAME	
STREET ADDRESS	824 CREIGHTON RD.	33 STREET ADDRESS	1909 E. Olive Road
CITY ST ZIP	PENSACOLA FL 32504	34 CITY ST ZIP	Pensacola, FL 32514
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] (James Harrington) 6-22-95 (904) 477-1669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0120502 CP