

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H24346

Entity Name: DOUGLAS M. CROLEY, INC.**Current Principal Place of Business:**2814 REMINGTON CRCL.
TALLAHASSEE, FL 32308**Current Mailing Address:**P.O. BOX 13619
TALLAHASSEE, FL 32317 US**FEI Number: 59-2460379****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CROLEY, DOUGLAS M
2814 REMINGTON CRCL.
TALLAHASSEE, FL 32308 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DP
Name	CROLEY, DOUGLAS M
Address	2814 REMINGTON CIRCLE
City-State-Zip:	TALLAHASSEE FL 32308

Title	DST
Name	CROLEY, DIANNE M
Address	2814 REMINGTON CIRCLE
City-State-Zip:	TALLAHASSEE FL 32308

Title	VP, DIRECTOR
Name	HEARL, ANGELA K
Address	2814 REMINGTON CIRCLE
City-State-Zip:	TALLAHASSEE FL 32308

Title	VP, DIRECTOR
Name	LAWLER, MARY K
Address	2814 REMINGTON GREEN CIRCLE
City-State-Zip:	TALLAHASSEE FL 32308

Title	VP, DIRECTOR
Name	CROLEY, JOHN W
Address	2814 REMINGTON GREEN CIRCLE
City-State-Zip:	TALLAHASSEE FL 32308

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOUGLAS M. CROLEY**PRESIDENT - DIRECTOR 01/07/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date