

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P33684

**Entity Name:** CROWLEY TRUCKING, INC.

**Current Principal Place of Business:**

9487 REGENCY SQUARE BLVD  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

9487 REGENCY SQUARE BLVD  
JACKSONVILLE, FL 32225 US

**FEI Number:** 94-3126349

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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 SENIOR VICE PRESIDENT &  
DIRECTOR  
Name BENNETT , BRETT H.  
Address 9487 REGENCY SQUARE BLVD  
City-State-Zip: JACKSONVILLE FL 32225

Title CORPORATE SECRETARY  
Name ALFORD, REECE B.  
Address 9487 REGENCY SQUARE BLVD  
City-State-Zip: JACKSONVILLE FL 32225

Title ASSISTANT CORPORATE  
SECRETARY  
Name MEAD, ARTHUR F. III  
Address 9487 REGENCY SQUARE BLVD  
City-State-Zip: JACKSONVILLE FL 32225

Title CFO  
Name WARNER, DANIEL L.  
Address 9487 REGENCY SQUARE BLVD  
City-State-Zip: JACKSONVILLE FL 32225

Title VP, TREASURER  
Name HIMES, NORMAN S. JR.  
Address 9487 REGENCY SQUARE BLVD  
City-State-Zip: JACKSONVILLE FL 32225

Title ASSISTANT TREASURER  
Name OTERO, TONY R.  
Address 9487 REGENCY SQUARE BLVD  
City-State-Zip: JACKSONVILLE FL 32225

Title ASSISTANT TREASURER  
Name SMITH, BRYAN C.  
Address 9487 REGENCY SQUARE BLVD  
City-State-Zip: JACKSONVILLE FL 32225

Title ASSISTANT TREASURER  
Name LAMB, RICHARD D. JR.  
Address 9487 REGENCY SQUARE BLVD  
City-State-Zip: JACKSONVILLE FL 32225

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*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:** REECE B. ALFORD

**SECRETARY**

**04/18/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR (CHAIR)  
Name CROWLEY, THOMAS B. JR.  
Address 9487 REGENCY SQUARE BLVD  
City-State-Zip: JACKSONVILLE FL 32225

Title VP  
Name LEMING , RUDY  
Address 9487 REGENCY SQUARE BLVD  
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR  
Name FITZGERALD , RAYMOND F.  
Address 9487 REGENCY SQUARE BLVD  
City-State-Zip: JACKSONVILLE FL 32225

Title ASSISTANT TREASURER  
Name LEGG, JENNIFER P.  
Address 9487 REGENCY SQUARE BLVD  
City-State-Zip: JACKSONVILLE FL 32225