

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

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**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

STATE OF FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 APR 12 PM 3: 21

**DOCUMENT # 545648**

1. Corporation Name  
**CRYSTAL RIVER RRH, INC.**

Principal Place of Business  
**11635 N.W. 1ST AVENUE  
GAINESVILLE FL 32607**

Mailing Address  
**11635 N.W. 1ST AVENUE  
GAINESVILLE FL 32607**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/20/1977**
4. FEI Number: **59-1846318** Applied For Not Applicable
5. Certificate of Status Desired: **XX** \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax: **XX** Yes  No
10. Name and Address of New Registered Agent

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	
25		30	

9. Name and Address of Current Registered Agent

**CURTIS, JOHN M.  
11635 N.W. 1ST AVENUE  
GAINESVILLE FL 32607**

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 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. The hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title, if applicable. (Block 12) Registered Agent Signature, typed or printed name, and title. (Block 13)

**12. OFFICERS AND DIRECTORS**

TITLE	PD	[ ] DELETE
NAME	CURTIS, JOHN M.	
STREET ADDRESS	11635 N.W. 1ST AVENUE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VD	[ ] DELETE
NAME	NAVE, SARAH HENDRICKS	
STREET ADDRESS	3326 NW 46TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	STD	[ ] DELETE
NAME	CURTIS, GAIL W.	
STREET ADDRESS	11635 NW 1ST AVE.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	[ ] Change [ ] Add
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[ ] Change [ ] Add
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] Change [ ] Add
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] Change [ ] Add
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change [ ] Add
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Add
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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\*\*\*\*158.75 \*\*\*\*158.75

*Handwritten signature and date: J.K. 4/12/99*

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g) 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, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John M. Curtis 03/29/99**  
President and Director

**352-332-0838**  
Telephone Number

CR2E034 (1/198)