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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90013 010 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F97000002529

1. Corporation Name
CRESCENT RESOURCES, INC.

Principal Place of Business
**400 SOUTH TRYON STREET
 CHARLOTTE NC 28201-1003**

Mailing Address
**400 SOUTH TRYON STREET
 CHARLOTTE NC 28201-1003**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/09/1997	Applied For Not Applicable
4. FEI Number 57-0443582	\$8.75 Additional Fee Required
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent
**WILLIAMS, DAVID B
 220 S FRANKLIN STREET
 TAMPA FL 33602**

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	RAMSON, RICHARD C	
STREET ADDRESS	400 SOUTH TRYON STREET	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FIELDS, A W	
STREET ADDRESS	400 SOUTH TRYON STREET	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LOMAX, HENRY C JR	
STREET ADDRESS	400 S TRYON ST	
CITY-ST-ZIP	CHARLOTTE NC 28201	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCGEE, R W	
STREET ADDRESS	400 SOUTH TRYON STREET	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHORT, JAMES M JR	
STREET ADDRESS	400 S TRYON ST	
CITY-ST-ZIP	CHARLOTTE NC 28201	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BYERS, F A	
STREET ADDRESS	400 SOUTH TRYON STREET	
CITY-ST-ZIP	CHARLOTTE NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert S. Lilien	
1.3 STREET ADDRESS	400 South Tryon St.	
1.4 CITY-ST-ZIP	Charlotte, NC 28201	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Wayne McGee R. Wayne McGee 2/19/99 (704) 382-8009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)