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PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G67704 (8)**

1. Corporation Name
RUSSELL CRIPE, INC.
DBA THE CORNERSTONE TAVERN



Principal Place of Business: **233 64TH ST HOLMES BEACH FL 34217 DBA THE CORNERSTONE 1377 MAIN ST SARASOTA FL 34236**
Mailing Address: **233 64TH ST HOLMES BEACH FL 34217 P.O. BOX 1795 HOLMES BEACH FL 34218**

3. Date Incorporated or Qualified: **11/04/1983**
3a. Date of Last Report: **06/21/1995**
4. FEI Number: **59-2332801**
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

21. Principal Place of Business: Site, Apt. #, etc.
22. City & State
23. Zip
24. Country

25. Mailing Address: Site, Apt. #, etc.
26. City & State
27. Zip
28. Country

9. Name and Address of Current Registered Agent: **CRIBE, RUSSELL L 233 64TH ST HOLMES BCH FL 34217 311 57TH ST HOLMES BEACH FL 34218**

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

7. 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	2. NAME
PSTD	CRIBE, RUSSELL L 233 64TH ST HOLMES BEACH FL 311 57TH ST	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD	CRIBE, MARC A. 295 B 64 ST HOLMES BEACH FL 313 57TH ST	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AVD	CRIBE, MATTHEW I 233 64TH ST HOLMES BEACH FL 311 57TH ST	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(k), 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: **Russell L Cripe** 4-11-96 941 366 0813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)