

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

**FILED**  
**Apr 21 1998 8:00am**  
**Secretary of State**



PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # **G67704 (8)**  
 1. Corporation Name  
**RUSSELL CRIPE, INC.**



Principal Place of Business  
~~1877 MAIN ST.~~ **NO**  
**SARASOTA FL 34236**  
**SOLO**  
**DBA MARLEY RESTAURANT**

Mailing Address  
 P.O. BOX 1995  
 HOLES BEACH FL 34218

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>RUSSELL CRIPE INC.</b>		28 <b>RUSSELL CRIPE INC.</b>		11/04/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 <b>6777 MANATEE AVE, W</b>		27 <b>P.O. BOX 1995</b>		<b>59-2332801</b>	
City & State		City & State		Applied For	
23 <b>BRADENTON FL</b>		28 <b>HOLMES BEACH, FL</b>		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 <b>34209</b>		29 <b>34218-1995</b>		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country		Country		6. Election Campaign Financing Trust Fund Contribution	
25 <b>MANATEE</b>		30 <b>MANATEE</b>		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
81 Name		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
82 Street Address (P.O. Box Number is Not Acceptable)		10. Name and Address of New Registered Agent			
83					
84 City		<b>FL</b>			
85 Zip Code					

**CRIFE, RUSSELL**  
**311 57TH ST.** PHYSICAL ADDRESS  
**HOLMES BEACH FL 34218**  
**409 74TH ST**  
**HOLMES BEACH FL 34217**  
 MAILING ADDRESS: **P.O. BOX 1995**  
**HOLMES BEACH, FL 34218**

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 \_\_\_\_\_ (NOTE: Registered agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1	<b>RUSSELL L. CRIPE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRIFE, RUSSELL L</b>	1.2	
STREET ADDRESS	<b>311 57TH ST</b>	1.3	<b>409 74TH ST.</b>
CITY-ST-ZIP	<b>HOLMES BEACH FL</b> <b>NEW ADDRESS</b>	1.4	<b>HOLMES BEACH, FL. 34218</b>
TITLE	VD <input type="checkbox"/> DELETE	2.1	<b>MARC A CRIPE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRIFE, MARC A</b>	2.2	
STREET ADDRESS	<b>313 57TH ST</b>	2.3	<b>2612 WATERFORD WAY</b>
CITY-ST-ZIP	<b>HOLMES BEACH FL</b> <b>NEW ADDRESS</b>	2.4	<b>PALMETTO, FL. 34221</b>
TITLE	AVD <input type="checkbox"/> DELETE	3.1	<b>MATTHEW I CRIPE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRIFE, MATTHEW I</b>	3.2	
STREET ADDRESS	<b>313 57TH ST</b>	3.3	<b>P.O. BOX 1207 204B 55TH ST</b>
CITY-ST-ZIP	<b>HOLMES BEACH FL</b> <b>NEW ADDRESS</b>	3.4	<b>HOLMES BEACH, FL. 34218</b>
TITLE	<input type="checkbox"/> DELETE	4.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2	NAME
STREET ADDRESS		4.3	STREET ADDRESS
CITY-ST-ZIP		4.4	CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2	NAME
STREET ADDRESS		5.3	STREET ADDRESS
CITY-ST-ZIP		5.4	CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2	NAME
STREET ADDRESS		6.3	STREET ADDRESS
CITY-ST-ZIP		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.

SIGNATURE: **Russell L. Crife** **RUSSELL L. CRIPE 4-13-98 941-779-1106**

CR2E034 (10/97)