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

PROFIT CCRPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90111 011 ***158.75

1999

DOCUMENT # G67704

1. Corporation Name

RUSSELL CRIPE, INC.

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Principal Place	of Business	Mailing Address			r semilis milit diele châts idale m)) 212() 2(0)) 3	14011 BIBIL 1801
RUSSELL CRIPE	E INC	RUSSELL CRIPE. INC						
6777 MANATIE AVE W P O BOX 1995					DO NOT WO	ITE IN THIS S	DACE	
BRADENTON FL 34209 HOLES BEACH FL 34218-995 US US			95	2 Data	DO NOT WRITE IN THIS SPACE 3. Date In propagated or Qualified			
US				11/0	04/1983	<u> </u>		
2. Principal Pl	ace of Business MARLEY RESTRIBAN	2a. Mailing Address	CRIPE IN	νς: 4. FEIN	lumber 2332801			pl ed For t Applicable
Suite, Art.	#, etc. 7 INANA TEE AVE.W	Suite, Apt. #, etc.	× 1995	5. Certif	cate of Status Desired	X	\$8.75 A Fee Re	
City & State		City & State 28 HOLMES	BEACH, F	/ . I	ior Campaign Financing Fund Contribution		\$5.00 Added to	
Zip	Country	Zip	Country	8 This	co poration owes the cur	rent vear Intar	ngible	,
3424	39 25 MAWATEE	29 3421 8	30 MANATE	Perso	onal Property Tax.			No I
	9. Name and Address of Current				e and Address of New	Registered A	gent	
5/	ame NV		81 Name					
	C DUCCEH) (1///	W ADDRES	2					
31F	5/IH St. 29	17 GULF L	82 Street	Address (P.O. Bo	ox Number is Not Accept	table)		1
HOL	MES BCH FL 34218	MES BEACH, 1 3421	EL 83					
	HOL	MES BEAGIN	_ "					
		3421	84 City			FL	85 Zip C	Code
44 5	to the provisions of Sections 607.0502		1 1	on poration subs	ait : this statement for the		hanging its	Foristered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was a	uthorized by the corp	oration's board of	d rectors. I hereby acce	the app ant	ment as rec	gistered
SIGNATURE								
	Signature, typed or printed nar ie of registered agent in		Registered Agent signature r			DATE		======
12.	OFFICERS AND		13.	ADDIT	ICNS/CHANGES TO OF			
TITLE	PSTD	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	CRIPE, RUSSELL L	GULF DRIVE	1.2 NAME					
STREET ADDRESS	409 74TH ST 2-9/7	GULF DEACH FL	1.3 STREET ADDRESS					
CITY-ST-ZIP	HOLMES BEACH FL 34218 HO	LMES BEACH, FL	4 4 CITY-ST-ZIP					
TITLE	√ 0	DELETE	2.1 TITLE	VP.	+		Change	Addition
NAME	CRIRE, MARC A		2.2 NAME	TERROR OF	Jones Julieny	,		
STREET ADDRESS	2612 WATERFORD WAY		2 3 STREET ADDRESS	5.22 3 5 5				1
CITY-ST-ZIP	PALMETTO FE 94221		2 4 CITY-ST-ZIP	Exademo	1, FI 34205			
TITLE	AVB	DELETE	3.1 TITLE	AYD	•		Change	Addition
NAME	CRIPE, MATTHEW I	_	3.2 NAME	times. Ne	agen cal			
STREET ADDRESS	P O BOX 1207 204B 55TH ST		3.3 STREET ADDRESS	572 31ST S	tract west			[
CITY-ST-ZIP	HOLMES BEACH FL 34218		3.4 CITY-ST-ZIP	P.radento	iri, Fi 34209	5		1
TITLE		☐ DELETE	4,1 TITLE	- C - C - C - C - C - C - C - C - C -			Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRE IS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP					l
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5 3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP		*			1
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME				=	_
1			6.3 STREET ADDRESS	1				ł
STREET ADDRE 3S			V.5 3.1.121715511250					

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 innual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I im an officer or director of the corporation or the receiver or trustee empowered to execute this report as recuired 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.