

FILE NOW: FILING FEE AFTER MAY 15 THIS \$550.00

P94000002844 FILED

PROFIT CORPORATION ANNUAL REPORT 1998
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham Secretary of State
DIVISION OF CORPORATIONS



98 MAR 17 AM 11:23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Handwritten signature and date: 3/17

DOCUMENT #
1. Corporation Name
CRYMES + CRYMES, INC.

Principal Place of Business Mailing Address
4447 Tidewater Drive
Orlando, FL 32812-7953

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21. SAME 26. SAME
22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.
23. City & State 28. City & State
24. Zip Country 29. Zip Country 30. Zip Country
3. Date incorporated or Qualified: 1-24-94
4. FEI Number: 59-3221060 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent
BARBARA Crymes
4447 Tidewater Drive
Orlando, FL 32812-7953
81. Name: SAME
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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE: N.A. BARBARA Crymes, President
Signature: Barbara Jones Crymes
DATE: 3-10-98

12. OFFICERS AND DIRECTORS
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: D/P/S/T
1.2 NAME: James E. Crymes, III
1.3 STREET ADDRESS: 4447 Tidewater Drive
1.4 CITY-ST-ZIP: Orlando, FL 32812-7953
2.1 TITLE: D/P/S
2.2 NAME: Barbara Jones Crymes
2.3 STREET ADDRESS: 4447 Tidewater Drive
2.4 CITY-ST-ZIP: Orlando, FL 32812-7953
3.1 TITLE: 200002275932--6
3.2 NAME: -08/18/97--01085--003
3.3 STREET ADDRESS: ****105.25
3.4 CITY-ST-ZIP: ****51.50
4.1 TITLE: 200002275932--6
4.2 NAME: -03/17/98--01042--001
4.3 STREET ADDRESS: ****88.50
4.4 CITY-ST-ZIP: ****88.50
5.1 TITLE:
5.2 NAME:
5.3 STREET ADDRESS:
5.4 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: Barbara Jones Crymes, President
Date: 3/10/98
(407) 859-2838

CR2E034 (10/97)