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B-5922

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CRYSTAL-TENN, INC.

# ARTICLES OF INCORPORATION

# OF

# CRYSTAL-TENN, INC.

DISSOLVED
Under Section 608.35
Florida Statutes, 1961
Proclamation May 24, 1963

[illegible]
[illegible]
[illegible] Sept. 14, 1957

[illegible]

SECRETARY OF STATE

LAW OFFICES
GREENE, AYRES & GREENE
103 NORTH MAIN STREET
OCALA, FLORIDA

LAW OFFICES
GREENE, AYRES & GREENE
103 NORTH MAIN STREET
OCALA, FLORIDA

FRANK R. GREENE
WILLIAM AYRES
JOHN MONTGOMERY GREENE

TELEPHONE MA 2-[illegible]
P. O. BOX [illegible]

September 12, 1957

Honorable R. A. Gray
Secretary of State
Tallahassee, Florida

Re: Articles of Incorporation
Crystal-Tenn, Inc.

Dear Sir:

We enclose herewith original and one copy of the proposed Articles of Incorporation of the caption corporation. Would you kindly file the original, if it meets with your approval. Would you then kindly certify the enclosed copy and forward it to Mr. M. W. Egerton, Park National Bank Building, Knoxville 11, Tennessee.

We enclose our check to your order in the sum of $209.00, covering the $200.00 incorporation tax, $5.00 filing fee, $3.00 for certification of the copy of the articles, and $1.00 for filing notice of resident agent.

If further information is required or if some correction must be made in these articles, would you kindly advise us by telephone collect.

200.00
5.00
1.00
3.00
209.00
209.00

Very truly yours,

GREENE, AYRES & GREENE

By: John M Greene

JMG/mws

cc. Mr. M. W. Egerton

P. S. Please notify us by wire collect when the certificate has been filed.

Telefax **WESTERN UNION** Telefax

SENDING BLANK

F.D.R. COLLECT

MESSRS. GREENE, AYRES & GREENE
103 NORTH MAIN STREET
OCALA, FLORIDA

CHARTER OF CRYSTAL-TENN, INC. FILED
SEPTEMBER 14, 1957

R. A. GRAY
SECRETARY OF STATE

:57

Send the above message, subject to the terms on back hereof, which are hereby agreed to

PLEASE TYPE OR WRITE PLAINLY WITHIN BORDER—DO NOT FOLD

ARTICLES OF INCORPORATION

OF

CRYSTAL-TENN, INC.

The undersigned persons do hereby associate themselves together for the purpose of becoming a corporation of and under the laws of the State of Florida, by and under the provisions of the statutes of said State regulating the formation of corporations for profit.

ARTICLE I

The name of this corporation shall be Crystal-Tenn, Inc.

ARTICLE II

Its principal place of business shall be in Crystal River, Citrus County, Florida. This corporation shall, however, have the right and power to transact business and to establish offices and agencies at such other places, both within and without the State of Florida, as its directors may authorize.

ARTICLE III

The general nature of the business to be transacted by this corporation shall be as follows:

(1) To purchase, acquire, hold, improve, sell, convey, assign, lease, mortgage, encumber, hire and deal in real and personal property of every name and nature.

(2) To buy, lease, build, erect, equip, operate, maintain and sell apartment houses, residence buildings, office buildings and stores of all kinds and nature.

(3) To purchase, acquire, hold, sell, assign and transfer, mortgage, pledge and otherwise dispose of the shares of the capital stock, bonds, debentures, or other evidences of indebtedness of any corporation, domestic or foreign, and while the owner thereof to exercise all the rights and privileges of ownership, including the right to vote thereon, and to issue in

exchange therefor its own stock, bonds, and other obligations, and, to qualify itself under the pertinent provisions of the Florida Statutes for any such activity requiring special qualifications.

(4) To carry on and conduct a general real estate business, both as broker and as owner, selling, buying, leasing and renting real estate, and to qualify itself, its officers and directors, under the pertinent provisions of the Florida Statutes for any such activity requiring special qualification.

(5) To carry on and conduct a general contracting business including the constructing, enlarging, remodeling, repairing and otherwise engaging in any work on building of any nature, roads, bridges, and structures of any type.

(6) To do all and everything necessary, suitable and proper for the accomplishment of any of the purposes, or the attainment of any of the objects, or for the furtherance of any of the powers herein set forth, either alone or in association with other corporations, firms or individuals and to do every other act or acts, thing or things, incidental or appurtenant to or growing out of or connected with the aforesaid business or powers, or any part thereof; provided that the same be not inconsistent with the laws under which this corporation is organized.

ARTICLE IV

The total authorized capital stock of this corporation shall be 1000 shares of $100.00 par value stock.

ARTICLE V

The amount of paid in capital with which this corporation shall begin business is Five Hundred Dollars ($500.00).

ARTICLE VI

The indebtedness of this corporation shall be limited to an amount not exceeding One Million Dollars ($1,000,000.00).

## ARTICLE VII

This corporation shall have perpetual existence.

## ARTICLE VIII

This corporation reserves the right to amend, alter, change or repeal any provision contained in this certificate of incorporation in the manner, now or hereafter prescribed by statute, and all rights conferred on stockholders herein are granted subject to this reservation.

## ARTICLE IX

The directors of this corporation shall be not less than four (4) nor more than seven (7) in number.

## ARTICLE X

The names and post office addresses of the Officers and of the first Board of Directors who shall serve as such until their successors are elected and have qualified are as follows:

| NAME | ADDRESS |
| --- | --- |
| W. S. Cowherd, President and Director, | 1907 Grand Ave., Knoxville, Tennessee. |
| C. A. Reeder, Vice President and Director, | 2025 Ogden Ave., Knoxville, Tennessee. |
| A. O. Searles, Secretary and Director, | 1207 Fort St., Chattanooga, Tennessee. |
| Marvin Keller, Treasurer and Director, | 126 Westover Drive, Knoxville, Tennessee. |

## ARTICLE XI

The names and post office addresses of each subscriber to this Certificate of Incorporation and the number of shares of stock each has agreed to take are as follows:

| NAME | ADDRESS | NO. SHARES | VALUE OF CONSIDERATION |
| --- | --- | --- | --- |
| Frank R. Greene | 103 N. Main Street, Ocala, Florida, | 25 | $2500.00 |
| Willard Ayres | 103 N. Main Street, Ocala, Florida, | 25 | $2500.00 |
| John M. Greene | 103 N. Main Street, Ocala, Florida, | 25 | $2500.00 |
| Mary W. Sullivan | 103 N. Main Street, Ocala, Florida, | 25 | $2500.00 |

## ARTICLE XII

No subscriber hereto nor stockholder of this corporation may sell, transfer or assign all or any of his or her shares of stock or subscription rights in this corporation for which he or she subscribes for herein or hereafter purchases, without first offering said stock for sale to this corporation. In the event any stockholder offers any or all of his or her stock for sale to the corporation and the corporation fails or refuses to purchase same within thirty (30) days time after said offer, then the stockholder must offer said stock for sale to the other stockholders of the corporation in shares proportionate to their holdings at the time of offering. In event no stockholder shall buy said stock within a period of thirty (30) days after written notice of the offering for sale of same has been mailed to all stockholders of record, then the selling stockholder may sell said stock to any person or corporation willing to buy said stock. In the event any or all of said stock is offered for sale to the corporation or to the other stockholders, the corporation or other stockholders shall be entitled to buy same at the value of said stock at the time it is offered for sale, as said value may be determined by a majority vote of a board of three (3) appraisers, one member to be selected by the selling stockholder, one by the corporation and the third member to be selected by the two members chosen by the corporation and the selling stockholder, and the offering owner thereof shall be required to accept this amount in return for the sale of the stock. This restriction on the sale of stock shall be made a part of the by-laws of this corporation and reference thereto shall be written into each share of stock issued. In the event the corporation purchases said stock, it shall either be divided proportionately, share for share, among the remaining stockholders, or shall be cancelled.

Anything hereinabove provided to the contrary notwithstanding, the original subscribers may assign freely any and all rights which they have or may acquire hereunder to the directors named above, in equal shares.

It is expressly provided herein that if this corporation should issue stock to persons other than to the original subscribers thereto, that said prospective stockholders shall be bound by all the provisions hereinabove set forth and shall be required to enter into an agreement to that effect before stock shall be issued them.

We, the undersigned, being all of the original subscribers and incorporators of the foregoing corporation, do hereby certify that the foregoing constitutes the proposed Articles of Incorporation of CRYSTAL-TENN, INC., and we hereby declare and certify that the facts herein stated are true, and we, respectively do agree to take the number of shares of stock hereinabove set forth.

Frank R Greene (SEAL)

Willard Ayres (SEAL)

John M Greene (SEAL)

Mary W. Sullivan (SEAL)

STATE OF FLORIDA,

COUNTY OF MARION.

I HEREBY CERTIFY that this day in the next above named State and County before me, an officer duly authorized and acting, personally appeared FRANK R. GREENE, WILLARD AYRES, JOHN M. GREENE and MARY W. SULLIVAN, to me well known and known to me to be the individuals described in and who executed the foregoing instrument, and they acknowledged before me that they executed said instrument for the purposes and reasons set out therein.

WITNESS my hand and official seal this 12th day of September, A. D. 1957, at Ocala, Florida.

[illegible]
Notary Public, State of Florida at Large

My commission expires: 2/12/[illegible]

No. R-5922-9

NAME

Crystal Lenn, Inc.

FILED IN THE OFFICE OF
SECRETARY OF STATE
OF FLORIDA

12-23-57

R. A. GRAY
SECRETARY OF STATE

BY RB

Fee paid September 14, 1957

# STATE OF FLORIDA
## OFFICE
## SECRETARY OF STATE

RECEIVED
DEC 23 8 45 AM '57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate Designating Place of Business or Domicile for the Service of Process Within This State, Naming Agent Upon Whom Process May Be Served and Names and Addresses of the Officers and Directors.

---

In pursuance of Chapter 47.34, Florida Statutes 1953, the following is submitted, in compliance with said Act:

First—That CRYSTAL-TENN, INC.

a corporation duly organized and existing under the laws of the State of Florida

with its principal place of business at City of Crystal River, Florida

County of Citrus, State of Florida

has designated and established Front Street
(Street or building)

City of Crystal River, County of Citrus

State of Florida, as its place of business or domicile for the service of process within this State, and named as its agents John Montgomery Greene

103 North Main Street, Ocala, Florida to accept service of process.

OFFICERS:

| AFFIX TITLES: NAME | SPECIFIC ADDRESS |
|---|---|
| President W. S. Cowherd | 1907 Grand Ave., Knoxville, Tenn. |
| Vice-Pres. C. A. Reeder | 2025 Ogden Ave., Knoxville, Tenn. |
| Alex Shafer Secretary | C/o W. S. Cowherd (above) |
| Treasurer Marvin Keller | 126 Westover Drive, Knoxville, Tenn. |
| Asst. Secy.-Treas. W. W. Byars | Crystal River, Florida |

DIRECTORS:

| NAME | SPECIFIC ADDRESS |
|---|---|
| W. S. Cowherd | 1907 Grand Ave., Knoxville, Tenn. |
| C. A. Reeder | 2025 Ogden Ave., Knoxville, Tenn. |
| M. E. Keller | 126 Westover Drive, Knoxville, Tenn. |
| W. W. Byars | Crystal River, Florida |
| J. A. Keller | C/o M. E. Keller |

CRYSTAL-TENN, INC.
By W. S. Cowherd

Having been named to accept service of process for the above stated corporation, at place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

John M. Greene

It is necessary to file this certificate within thirty days after filing Certificate of Incorporation, as to domestic Corporations and within thirty days after issuance of permit to foreign corporations, and thereafter only when corporation has changed its place of business or agent.

Filing Fee, $1.00

EGERTON, McAFEE, ARMISTEAD & DAVIS
ATTORNEYS AND SOLICITORS
PARK NATIONAL BANK BUILDING
KNOXVILLE 11, TENNESSEE

M. W. EGERTON
JOSEPH A. McAFEE
J. M. ARMISTEAD
W. A. DAVIS
M. W. EGERTON, JR.

December 19, 1957

Secretary of State
State of Florida,
Tallahassee, Florida

Dear Sir:

We are enclosing appointment of John Montgomery Greeme, 103 North Main Street, Ocala, Florida, as Agent upon whom Process may be served on behalf of Crystal-Tenn., Inc.

Yours very truly,

EGERTON, McAFEE, ARMISTEAD & DAVIS

BY: M. W. Egerton

1/A

No. B-5922-13

Tax for Years

DE 71-1958

CORPORATION REPORT AND TAX RETURN OF

CRYSTAL-TENN, INC.

CRYSTAL RIVER, FLORIDA

P. O. ADDRESS HUBERT E. HODGE, TREAS.

1300 GERMAN AVE, KNOXVILLE, TENN.

(Do not write below this line)

Filed in the office of the Secretary of State of the State of Florida, this ______ day of ______, A. D. 19____.

______

Secretary of State.

FROM

**R. A. GRAY**

SECRETARY OF STATE

TALLAHASSEE, FLA.

OCALA

Support Your

CRYSTAL-TENN, INC.
℅ J. M. Greene
103 North Main Street
Ocala, Florida

(DO NOT DETACH)

# ANNUAL CORPORATION CAPITAL STOCK TAX LAW

608.32 **Annual report of corporation; contents.—**

(1) All corporations heretofore or hereafter incorporated in this state and all foreign corporations heretofore or hereafter authorized to do business in this state are required to file with the secretary of state on or before July 1st of each year a sworn report, on such form as the secretary of state shall prescribe, giving (a) the name of each officer and director and his post office address, (b) the home office of the corporation, (c) the name and address of the resident agent upon whom service of process may be made, (d) the main line of business engaged in by the corporation, (e) the date of the last meeting of its board of directors, (f) whether the corporation has been actively engaged in business during the previous twelve (12) months or if its charter powers have been dormant and unused during that period, (g) the number of the shares of the capital stock of such corporation with the par value thereof, (h) the total amount of capital stock, and if a foreign corporation the amount of its capital stock allocated for use in the State of Florida, (i) such other information as may be needed to show whether the corporation is active or inactive, and (j) such other information as may be necessary for the secretary of state to have in carrying out the provisions of this section and §608.33.

(2) Provided, that railroad, pullman, telephone, telegraph, insurance, banking and trust companies, building and loan associations, cooperative associations, corporations not for profit and corporations paying the maximum capital stock tax, shall be required to furnish the information required under (a) through (f) of subsection (1) hereof only.

(3) All reports herein required shall be for the calendar year and shall be due to be filed on July 1st of each year and the tax payable under §608.33 shall be paid at that time.

608.33 Capital stock tax.—

(1) Every corporation, except railroad, pullman, telephone, telegraph, insurance, banking and trust companies, building and loan associations, cooperative marketing associations and corporations not for profit, doing business in this state shall pay to the state for the use of the state a capital stock tax according to the following schedule:

SCHEDULE FOR CAPITAL STOCK TAX

| | |
|---|---|
| For all corporations with capital stock not exceeding $10,000.00 | $ 10.00 |
| For capital stock of over $10,000.00 and not over $25,000.00 | 25.00 |
| For capital stock of over $25,000.00 and not over $50,000.00 | 50.00 |
| For capital stock of over $50,000.00 and not over $100,000.00 | 75.00 |
| For capital stock of over $100,000.00 and not over $200,000.00 | 100.00 |
| For capital stock of over $200,000.00 and not over $500,000.00 | 200.00 |
| For capital stock of over $500,000.00 and not over $1,000,000.00 | 500.00 |
| For capital stock of over $1,000,000.00 and not over $2,000,000.00 | 750.00 |
| For capital stock of over $2,000,000.00 | 1,000.00 |

The capital stock above mentioned refers to the invested capital represented by shares of stock outstanding.

(2) In the case of any Florida corporation having been organized or any foreign corporation which has been authorized to do business in Florida, less than twelve (12) months at the time the report is due and the capital stock tax is to be paid, the tax due that year shall be pro rated according to the number of months the corporation has been in existence or authorized to do business in this state.

(3) Nothing in this section or in §608.32 shall apply to any corporation that has been adjudged bankrupt or dissolved by order of court except that any such corporation shall file a statement setting forth its status in that respect, but shall not be required to pay the capital stock tax.

(4) In the event any of the shares of stock of any such corporation should be no par value, then for the purposes of this section, each share shall be presumed to have value of at least one hundred dollars ($100.00) per share, which presumption may be overcome by actual proof submitted to the secretary of state. The secretary of state shall make such investigation as he may consider necessary and increase or decrease the value of no par value stock as he may determine to be correct, and in so doing he may take into consideration all facts tending to show the fair market value of the stock including its sale price, the amount of the surplus of the corporation and such other pertinent facts as he may deem advisable.

608.34 Duties of secretary of state.—The secretary of state shall prescribe the form and furnish the blanks upon request to make the annual reports called for in §608.32, examine the reports when received and if the information called for is given in such reports, he shall file the same as information and keep such reports as public records. He shall pay into the state treasury to be used for such purposes as the legislature may determine all moneys collected under the provisions of §608.33. He shall cause a notice of the requirements of §§608.32-608.33, to be mailed to the last known address of every corporation doing business in the state which shall fail to file within thirty (30) days after July 1st, the report required by §608.32 or pay the capital stock tax imposed by §608.33.

608.35 Penalty for failure to file report and pay tax.—Any corporation failing to comply with the provisions of §§608.32 and 608.33 for six (6) months shall not be permitted to maintain or defend any action in any court of this state until such reports are filed and all taxes due under this chapter be paid.

TO CORPORATION ADDRESSED:

Corporation Capital Stock Tax is due July first each year. On the inside of the form herewith you will find the law in full. In filling out the form be sure and show all information provided for. Do not overlook showing the number of shares of stock issued and outstanding, and in case of shares of no par, show the amount actually invested in all outstanding shares, including any paid in surplus and any surplus set aside as part of the invested capital.

The corporation law requires that each and every corporation shall have not less than three directors, and be sure and show this number on the form.

R. A. GRAY, *Secretary of State.*

(DO NOT DETACH)

Form D C T.R.—For Domestic Corporations

# Corporation Report and Tax Returns

to the

# Secretary of State of Florida

As required by Chapter 608, Florida Statutes

Date Rec. [illegible]

Amt. Rec. 50 —

Amt. of Tax ________

HON. R. A. GRAY, Secretary of State,
Tallahassee, Florida.

SIR

In compliance with the law above referred to we submit below information called for and enclose remittance for $ [illegible] to pay the tax imposed by said law.

(1) That [illegible]
(Give correct name of corporation)

Principal place of business [illegible]

Insert to whom receipt is to be mailed [illegible]

a corporation duly organized and existing under the laws of the State of Florida, with its principal place of business within the State at [illegible], County of [illegible], has designated and established ________

City of [illegible], County of [illegible], State of Florida, as its place of business or domicile for the service of process within the State, and has named and does hereby name as its agent upon whom service of process may be made: ________

[illegible]

Whose address is [illegible]

(2) NAMES AND ADDRESSES OF OFFICERS: BE SURE AND AFFIX TITLES:

| Name | Title | Address |
|---|---|---|
| [illegible] | [illegible] | [illegible] |
| [illegible] | [illegible] | [illegible] |
| [illegible] | [illegible] | [illegible] |
| [illegible] | [illegible] | [illegible] |

(3) NAMES AND ADDRESSES OF DIRECTORS: Not less than (3) three:

| Name | Address |
|---|---|
| [illegible] | [illegible] |
| [illegible] | [illegible] |
| [illegible] | [illegible] |
| [illegible] | [illegible] |
| [illegible] | [illegible] |
| [illegible] | [illegible] |

(4) General nature of main business engaged in ________

[illegible]

(5) Date incorporated [illegible]

(6) (See copy of law printed herein).

Date of last meeting of Board of Directors [illegible] 1959

Is Corporation active? Yes If inactive, state how long

Is the purpose of the Corporation to begin operations in the future?

## CAPITAL STOCK STATEMENT

(6) The total authorized capital stock as follows:

1000 shares of the par value of $100 each

shares without nominal or par value

(?) OUTSTANDING CAPITAL STOCK AS FOLLOWS:

[illegible] shares of the par value of [illegible] each $ [illegible]

shares without nominal or par value, actual

(?) (Be sure and show number of shares issued and their actual value. Evidence of actual value may be shown by a condensed sheet.) $

Total outstanding capital stock $ [illegible]

Tax as per schedule $ [illegible]

ONLY ONE REPORT NECESSARY WHERE MORE THAN ONE YEAR'S TAX IS PAID AT THE TIME OF FILING

(7) We, the undersigned, certify the above state of facts to be true and correct as shown by our books

(SEAL) [signature]
By President or ~~Vice-President~~

ATTEST: [signature]
Secretary

STATE OF ~~FLORIDA~~ Tennessee
COUNTY OF ~~[illegible]~~ Knox

Personally appeared before me ALEX A. SHAFER

who deposes and says that he executed this certificate for and in behalf of said corporation, and that the statement therein contained is true and correct to the best of his knowledge and belief

Sworn to and subscribed before me this 30th day of June, 19 59

(SEAL) [signature]
(Signature of officer taking acknowledgment)
My commission expires Dec. 2?, 1962

No. B-5922-C

Tax for Years

1959

CORPORATION REPORT AND
TAX RETURN OF

Crystal - Ferm...

P. O. ADDRESS

(Do not write below this line)

Filed in the office of the Secretary of State of the State of Florida, this ______ day of ______, A. D. 19__

Secretary of State.

FROM
R. A. GRAY
SECRETARY OF STATE
TALLAHASSEE, FLA.

(DO NOT DETACH)

# ANNUAL CORPORATION CAPITAL STOCK TAX LAW

608.32 Annual report of corporation; contents.—

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(2) Provided, that railroad, pullman, telephone, telegraph, insurance, banking and trust companies, building and loan associations, cooperative associations, corporations not for profit and corporations paying the maximum capital stock tax, shall be required to furnish the information required under (a) through (f) of subsection (1) hereof only.

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SCHEDULE FOR CAPITAL STOCK TAX

| | |
|---|---|
| For all corporations with capital stock not exceeding $10,000.00 | $ 10.00 |
| For capital stock of over $10,000.00 and not over $25,000.00 | 25.00 |
| For capital stock of over $25,000.00 and not over $50,000.00 | 50.00 |
| For capital stock of over $50,000.00 and not over $100,000.00 | 75.00 |
| For capital stock of over $100,000.00 and not over $200,000.00 | 100.00 |
| For capital stock of over $200,000.00 and not over $500,000.00 | 200.00 |
| For capital stock of over $500,000.00 and not over $1,000,000.00 | 500.00 |
| For capital stock of over $1,000,000.00 and not over $2,000,000.00 | 750.00 |
| For capital stock of over $2,000,000.00 | 1,000.00 |

The capital stock above mentioned refers to the invested capital represented by shares of stock outstanding.

(2) In the case of any Florida corporation having been organized or any foreign corporation which has been authorized to do business in Florida, less than twelve (12) months at the time the report is due and the capital stock tax is to be paid, the tax due that year shall be pro rated according to the number of months the corporation has been in existence or authorized to do business in this state.

(3) Nothing in this section or in 608.32 shall apply to any corporation that has been adjudged bankrupt or dissolved by order of court except that any such corporation shall file a statement setting forth its status in that respect, but shall not be required to pay the capital stock tax.

(4) In the event any of the shares of stock of any such corporation should be no par value, then for the purposes of this section, each share shall be presumed to have value of at least one hundred dollars ($100.00) per share, which presumption may be overcome by actual proof submitted to the secretary of state. The secretary of state shall make such investigation as he may consider necessary and increase or decrease the value of no par value stock as he may determine to be correct; and in so doing he may take into consideration all facts tending to show the fair market value of the stock, including its sale price, the amount of the surplus of the corporation and such other pertinent facts as he may deem advisable.

608.34. Duties of secretary of state.—The secretary of state shall prescribe the form and furnish the blanks upon request to make the annual reports called for in 608.32, examine the reports when received and if the information called for is given in such reports, he shall file the same as information and keep such reports as public records. He shall pay into the state treasury to be used for such purposes as the legislature may determine all moneys collected under the provisions of 608.33. He shall cause a notice of the requirements of 608.32-608.33, to be mailed to the last known address of every corporation doing business in the state which shall fail to file within thirty (30) days after July 1st, the report required by 608.32 or pay the capital stock tax imposed by 608.33.

608.35 Penalty for failure to file report and pay tax.—Any corporation failing to comply with the provisions of 608.32 and 608.33 for six (6) months shall not be permitted to maintain or defend any action in any court of this state until such reports are filed and all taxes due under this chapter be paid.

TO CORPORATION ADDRESSED:

Corporation Capital Stock Tax is due July first each year. On the inside of the form herewith you will find the law in full. In filling out the form be sure and show all information provided for. Do not overlook showing the number of shares of stock issued and outstanding, and in case of shares of no par, show the amount actually invested in all outstanding shares, including any paid in surplus and any surplus set aside as part of the invested capital.

The corporation law requires that each and every corporation shall have not less than three directors, and be sure and show this number on the form.

R. A. GRAY, *Secretary of State.*

(DO NOT DETACH)

Form D C.T.R.—For Domestic Corporations

# Corporation Report and Tax Returns

to the

# Secretary of State of Florida

As required by Chapter 608, Florida Statutes

| | |
|---|---|
| Date Rec. | |
| Amt. Rec. | |
| Amt. of Tax | |

HON. R. A. GRAY, Secretary of State,
Tallahassee, Florida.

SIR:

In compliance with the law above referred to we submit below information called for and enclose remittance for $________ to pay the tax imposed by said law.

(1) That ________ (Give correct name of corporation)

Principal place of business________

Insert to whom receipt is to be mailed________

a corporation duly organized and existing under the laws of the State of Florida, with its principal place of business within the State at________, County of________, has designated and established________ City of________, County of________, State of Florida, as its place of business or domicile for the service of process within the State, and has named and does hereby name as its agent upon whom service of process may be made:________

Whose address is:________

(2) NAMES AND ADDRESSES OF OFFICERS: BE SURE AND AFFIX TITLES:

| Name | Title | Address |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

(3) NAMES AND ADDRESSES OF DIRECTORS: Not less than (3) three:

| Name | Address |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

(4) General nature of main business engaged in________

(5) Date incorporated________

☞ (See copy of law printed herein).

Date of last meeting of Board of Directors______________________________

Is Corporation active?______________________ If inactive, state how long______________________

Is the purpose of the Corporation to begin operations in the future?______________________

## CAPITAL STOCK STATEMENT

(6) The total authorized capital stock as follows:

______________ shares of the par value of______________ each

______________ shares without nominal or par value

OUTSTANDING CAPITAL STOCK AS FOLLOWS:

______________ shares of the par value of______________ each $______________

______________ shares without nominal or par value, actual
(Be sure and show number of shares issued and their actual value. Evidence of actual value may be shown by a condensed sheet) . . . . . . . . $______________

Total outstanding capital stock . . . . . . . . . . . . . . . . . . . $______________

Tax as per schedule . . . . . . . . . . . . . . . . . . . . . . . . $______________

ONLY ONE REPORT NECESSARY WHERE MORE THAN ONE YEAR'S TAX IS PAID AT THE TIME OF FILING.

(7) We, the undersigned, certify the above state of facts to be true and correct as shown by our books.

(SEAL) ______________________________
By President or Vice-President

ATTEST.

______________________________
Secretary

STATE OF FLORIDA,
COUNTY OF ______________

Personally appeared before me______________________________

______________________________

who deposes and says that he executed this certificate for and in behalf of said corporation, and that the statement therein contained is true and correct to the best of his knowledge and belief.

Sworn to and subscribed before me this______________________day of

______________________, 19______.

(SEAL) ______________________________
(Signature of officer taking acknowledgement)

Corp-48

No. 205922

CRYSTAL-TECH, INC.

Capital Stock, $ 1000 sh @ $100

Principal Office Crystal River

Filed Sept. 14, 1957

Filed By (a) RA filed 12-23-57
(b) CST filed 7-24-59 (pt yr 1958)
(c) CST filed 8-7-59 (1959)
DISSOLVED BY PROCLAMATION 5-24-63
(d) Reinstated 1-29-76

205922

A-646

1-29

P. O. Box 1204
Sanford, Florida 32771
Jan. 12, 1976

FILED
JAN 23 9 30 AM '76
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Miss Martha Beunley
Reinstatement Section
Office of the Secretary of State
State of Florida
Tallahassee, Florida 32304

Dear Miss Beunley:

Thank you for your letter of January 7, 1976.

We are enclosing our check for $190.00 together with the completed Corporation Annual Report as requested for Crystal-Tenn., Inc. to be reinstated.

Will appreciate you having proper party furnish us a certificate of good standing indicating that this Corporation is in satisfactory standing with the State.

FILED
JAN 23 9 30 AM '76
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Yours very truly,

CRYSTAL-TENN., INC.

W. F. Penners

W. F. Penners, Sec.-Treas.

Encl: Crystal-Tenn, Inc. check
$190.00
Corporation Annual Report

~~1975~~ 1976 5

REINSTATEMENT

In lieu of CST 150

Reinstatement Filing Fee 15

Privilege Tax 5

Annual Report 5

Annual Report 5

-5 Annual Report 5

TOTAL 190

BAL. DUE

A-646

1-29

CORPORATION
ANNUAL REPORT

20-922 9/15/57

2011

XX 59-0828575

CRYSTAL-TENN., INC.

04-15-76-82 04900 ****20.0

FILED
JAN 29 9 ... 1976
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. F. Fenners, Sec-Treas.
Crystal-Tenn., Inc. - ... 1st St., Crystal River, Fla.
... 20th St.,
... Sanford, Florida

PLEASE READ INSTRUCTIONS ON BACK

P. O. Box ...
Crystal River, Florida 32629

CHANGE TO ... 1st St., Crystal River, Fla.

| NAME | STREET ADDRESS | CITY & STATE | TITLE |
|---|---|---|---|
| Gilbert Testerfield | 901 Lyndon Lane | Louisville, Ky. | Pres. |
| Ernest ... Clymer | South Home | Union City, Tenn. | Vice-Pres. |
| W. F. Fenners | P. O. Box 1201<br>300 ... 20th St. | Sanford, Fla. | Sec-Treas. |

FILED
JAN 29 9 30 AM 1976
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

350 shares

Common 100.00 1000 $100,00

I DECLARE THAT ALL FLORIDA DOCUMENTARY STAMP TAXES APPLICABLE TO CORPORATE STOCK ... CERTIFICATES OF INTEREST OR PARTICIPATION ... THE ... YEAR HAVE BEEN PAID AS REQUIRED BY CHAPTER 201 FLORIDA STATUTES. I FURTHER DECLARE THAT I AM THE AUTHORIZED PERSON TO SIGN THE REPORT FOR THIS ENTITY AND THAT IT IS TRUE AND CORRECT.

AUTHORIZED SIGNATURE W. F. Fenners

TITLE Secretary-Treasurer TEL 50205-322-2203

DATE 1-12-76

IF YOU DO NOT HAVE CAPITAL STOCK, DESCRIBE THE GENERAL RULES APPLICABLE TO ALL MEMBERS BY WHICH THE PROPERTY RIGHTS AND INTERESTS OF EACH ARE DETERMINED

A-646

1-29

# Secretary of State

STATE OF FLORIDA
THE CAPITOL
TALLAHASSEE 32304

Bruce A. Smathers
SECRETARY OF STATE

January 29, 1976

Telephone Number
904/488-3140

W. F. Penners
CRYSTAL-TENN, INC.
P. O. Box 1204
Sanford, Fl. 32771

Charter Number: 205922

Subject: CRYSTAL-TENN, INC.

This will acknowledge receipt of the following documents for the above captioned corporation:

x___ 1. Check in the amount of $ 190

____ 2. Articles of Incorporation

____ 3. Amendment to Articles of Incorporation

____ 4. Articles of Merger or Consolidation

____ 5. Certificate of Withdrawal received and filed

____ 6. Limited Partnership

____ 7. Trademark Application

ENCLOSED:

____ 1. Certified Copy(ies)

____ 2. Certificate(s) under Seal

____ 3. Photocopy(ies)

x___ 4. Other Reinstatement

Filed: January 29, 1976

Sincerely,

Nettie F. Sims

Nettie F. Sims, Chief
Bureau of Corporation Records

NFS/ mnb

Enclosures:

Corp. 2
6/12/75

A-646
1-29

Corp-48

**No.** 205922

CRYSTAL-TENN, INC.

**Capital Stock, $** 1000 sh @ $100

**Principal Office** Crystal River **Filed** Sept. 14, 1957

**Filed By** (a) RA filed 12-23-57
(b) CST filed 7-24-59 (pt yr 1958)
(c) CST filed 8-7-59 (1959)
DISSOLVED BY PROCLAMATION 5-24-63
(d) Reinstated 1-29-76

8-724

SEE IMPORTANT DISSOLUTION NOTICE ON OTHER SIDE

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

CORPORATION ANNUAL REPORT

1977

Bruce A. Smathers
Secretary of State

Form COR 620

THIS REPORT MUST BE ACCOMPANIED BY A $5 FEE

FILED
JAN 21 1977
2 44 PM 1977
FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

▷ *READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES* ◁

1. Name and Address of Corporation Principal Office

205922 CRYSTAL TENN INC
N.W. 1ST ST.
P.O. BOX 696
CRYSTAL RIVER, FLA. 32629

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address

P.O. Box No.

City

State | Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

4. Federal Employer Identification Number (FEIN) 59-1628575

5. Date of Last Report 1976

6. Names and Street Addresses of Each Officer and Director

| Names of Officers and Directors | Title | Director (x) | Street Address of Office (Do NOT Use P.O. Box) | |
|---|---|---|---|---|
| WESTERFIELD, GILBERT | PRES | DIR | 901 LYNDON LANE | LOUISVILLE, KY |
| CLYMER, ERNEST E. | | V.P. | SOUTH HOME | UNION CITY, TENN. |
| PENNERS, W.F. | | SEC | 300 E. 20TH ST. | SANFORD, FL. |
| NEW OFFICERS | | | | |
| PENNERS, W. F. | PRES. | | 300 E. 20TH STREET | SANFORD, FLA. 32771 |
| HANKINS, B. L. | V. PRES. | | 53 TIMBERLAWN | FRANKFORT, KY. 40601 |
| STEIN, H. A. | SEC. & TRES. | | 308 S. E. 39th TERRACE | OCALA, FLORIDA 32670 |

7. Registered Agent Information

Name: DUNCAN, MRS. SUE
Street Address: STREET ADDRESS NOT INDICATED
City, State and Zip Code: CRYSTAL RIVER, FL.

If you wish to change Registered Agent, enter information here ▷

Name: REEVES, JAMES E.
Street Address: N.W. 1st. AVE.
City, State and Zip Code: CRYSTAL RIVER, FLORIDA 32629

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

*No Other Titles Will Be Accepted. Your Report Will Be Returned If It Does NOT Bear An Authorized Signature*

*I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath*

[redacted] 2-24-77

| Typed Name of Signing Officer | Title | Telephone Number |
|---|---|---|
| W. F. PENNERS | PRESIDENT | 305-322-2203 |
| Signature: W. F. Penners | | Date: June 4, 1977 |

THIS REPORT MUST BE ACCOMPANIED BY THE $5 FEE

THE FILING FEE FOR THE 1978 ANNUAL REPORT IS $10.

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

# CORPORATION ANNUAL REPORT 1978

Bruce A. Smathers
Secretary of State

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE (Form COR 6201 12 1 77)

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES

1. Name and Address of Corporation Principal Office

205922 CRYSTAL TEMP INC
N.W. 1ST ST.
P.O. BOX 696
CRYSTAL RIVER, FLA. 32629

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.

Street Address: N.W. 1st AVE.
P.O. Box No.: P.O. Box 696
City: Crystal River
State: Florida
Zip Code: 32629

3. Date Incorporated or Qualified To Do Business in Florida: 1957

4. Federal Employer Identification Number (FEIN): 59-1628575

5. Date of Last Report: 1977

6. Names and Street Addresses of Each Officer and Director

| Names of Officers and Directors | Title | Director (x) | Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | City and State |
|---|---|---|---|---|
| PENNERS, W F | PRES | x | 300 E. 25TH STREET | SANFORD, FL |
| HAWKINS, R L | V.P. | x | 53 TIMBERLAWN | FRANKFORT, KY |
| STEIN, H A | SEC | x | 308 S.W. 38TH TERR. | OCALA, FL |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

7. Registered Agent Information

Name: REEVES, JAMES E.
Street Address (Do NOT Use P.O. Box Number): N.W. 1ST AVENUE
City, State and Zip Code: CRYSTAL RIVER, FL 32629

If you wish to change Registered Agent on this form, enter all new information here

Name:
Street Address (Do NOT Use P.O. Box Number):
City, State and Zip Code:

8. An officer of the Corporation must sign this report. This report must be signed by one of the following: The President, Vice President, Secretary, Assistant Secretary or Treasurer or if the Corporation is in the hands of a receiver or trustee, shall be executed on behalf of the Corporation by the receiver or trustee.

*No Other Titles Will Be Accepted. Your Report Will Be Returned If It Does NOT Bear An Authorized Signature.*

*I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.*

VS 6/30

Typed Name of Signing Officer: W. F. Penners
Title: Pres.
Telephone Number: 305-322-2203
Signature: W. F. Penners
Date: 1-7-78

NOTE: THE FILING FEE FOR THE 1978 ANNUAL REPORT IS $10.

THE FILING FEE FOR THE 1979 ANNUAL REPORT IS $10.

CORPORATION ANNUAL REPORT

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
13 10 12 AM '79

FLORIDA DEPT. OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

10.00

# 1979

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE

◄ READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES ►

1. Name and Address of Corporation Principal Office.

205922
CRYSTAL TENN INC
N.W. 1ST AVENUE
P.O. BOX 696
CRYSTAL RIVER, FLA. 32629

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address

P.O. Box No

City

State | Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 9/14/1957

4. Federal Employer Identification Number (FEIN): 59-0626575

5. Date of Last Report: 1978

6. Names and Street Addresses of Each Officer and Director

| Names of Officers and Directors | Title | Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | City and State |
|---|---|---|---|
| PENNERS, W F | P/D | 300 E. 20TH STREET | SANFORD, FL |
| HANKINS, B L | V/D | 53 TIMBERLAWN | FRANKFORT, KY |
| STEIN, H A | S/D | 308 S.W. 39TH TERR. | OCALA, FL |
| | | | |

7. Registered Agent Information

Name
REEVES, JAMES E.
Street Address (Do NOT Use P.O. Box Number)
N.W. 1ST AVENUE
City, State and Zip Code
CRYSTAL RIVER, FL 32629

If you wish to change Registered Agent on this form, enter all new information below.

Name

Street Address (Do NOT Use P.O. Box Number)

City, State and Zip Code

8. **See signature restrictions under instructions on reverse side of this form.**

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath

DO NOT WRITE IN THIS SPACE

DMC
3-13-79

Typed Name of Signing Officer: W. F. Penners
Title: President
Telephone Number: 904-795-2850

Signature: W. F. Penners
Date: 2-15-79

(Form COR 620) Rev. 10/75/73

NOTE: THE FILING FEE FOR THE 1979 ANNUAL REPORT IS $10.

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State
DIVISION OF CORPORATIONS

1980

THIS REPORT MUST BE ACCOMPANIED BY A $10 FEE

DO NOT WRITE IN THIS SPACE
FILED
MAY 5 2 PM 1980

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES
PLEASE STAPLE CHECK TO ANNUAL REPORT

1. Name and Address of Corporation Principal Office.

205922
CRYSTAL TENN INC
N.W. 1ST AVENUE
P.O. BOX 696
CRYSTAL RIVER, FLA. 32629

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient
Street Address
P.O. Box No.
City
State
Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 9/14/1957
4. Federal Employer Identification Number (FEIN): 59-0328575
5. Date of Last Report: 1979

6. Names and Street Addresses of Each Officer and Director

| Names of Officers and Directors | Title | Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | City and State |
|---|---|---|---|
| ~~PENNER~~ | ~~P/D~~ | ~~300 E. 20TH STREET~~ | ~~SANFORD, FL~~ |
| ~~HANKINS, B L~~ | ~~V/D~~ | ~~53 TIMBERLAWN~~ | ~~FRANKFORT, KY~~ |
| ~~STEIN~~ | ~~S/D~~ | ~~308 S.W. 39TH TERR.~~ | ~~OCALA, FL~~ |
| Hankins, B.L. | P/D | 53 Timberlawn | Frankfort Ky. |
| Stein, N. A | V/D | 308 S.W. 39th Terr. | Ocala Fla. |
| [illegible] | S/T/D | [illegible] | Louisville Ky. |
| | | | |
| | | | |

7. Registered Agent Information

Name
~~REEVES, JAMES~~ [illegible] GERALD E.

Street Address (Do NOT Use P.O. Box Number)
N.W. 1ST AVENUE

City, State and Zip Code
CRYSTAL RIVER, FL 32629

To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of $3.

Jl 5-5-80

8. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.

| Typed Name of Signing Officer | Title | Telephone Number |
|---|---|---|
| Geo.T.Wood | Sec. Treasurer | home- 502-425-5627<br>Crystal Tenn-904-795-2856 |

Signature: Geo T Wood

Date: Feb. 14, 1980

DO NOT WRITE IN THIS SPACE

(Form COR 623 Rev. 11/1679)

CRYSTAL TENN. INC.

# King's Bay Lodge

N.W. 1st AVENUE

2046 3/26/80

- 005 27 3.00 05

PHONE (904) 795-2850 • P.O. BOX 696

CRYSTAL RIVER, FLORIDA 32629

| NAME OF OFFICERS | TITLE | ADRESS |
|---|---|---|
| Hankins E.L. | P./D. | 53 Timberlawn Frankfort Ky. |
| Stein H.A. | V./D. | 308 S.W.39th Terr. Ocala Fla. |
| Wood G.T. | S./T./D. | 1415 Girard Dr. Louisville Ky. |
| Beebe Gerald E. | Registered Agent | P./O. Box 696 Crystal River Fla. |

Signed Registered Agent- Gerald E. Beebe

Signed P./D. or V./D. E L Hankins

As per annual report requirment.

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION

ANNUAL REPORT

1981

READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES.

PLEASE STAPLE CHECK TO ANNUAL REPORT

CRYSTAL TENN INC
N.W. 1ST AVENUE
P.O. BOX 696
CRYSTAL RIVER, FLA. 32629

9/19/1957 59-0828575 1980

| | | |
|---|---|---|
| HANKINS, BILL | P/D 33 TIMBERLAWN | FRANKFORT, KY |
| STEIN, [illegible] | V/D 306 NW 39TH TERR | OCALA, FL |
| WOOD, [illegible] | S/T [illegible] GIRARD DR | LOUISVILLE, KY |
| C. H. Garland | P/V 710 Cain St. | Hampton, [illegible] |
| [illegible] | V/P 719 [illegible] | Knoxville, Tenn |
| [illegible] | S/T [illegible] | [illegible], Fla. |
| W.F.Penners | T/ [illegible] | Sanford, Fla. |

BEEBEY GERALD E Gerald F. Roberts

N.W. 1ST AVENUE

CRYSTAL RIVER, FL 32629

W.F.Penners Secretary - Treasurer [illegible]

W. F. Penners

1-27-81

Ew 05/18/81

FLORIDA DEPARTMENT OF STATE
George Firestone
Secretary of State

Telephone Number:
904/488-9840

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

To the Secretary of State of the State of Florida.

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of [illegible], submits the following statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

FIRST: The name of the corporation is [illegible]

SECOND: The address of its present registered office is [illegible]
[illegible]

THIRD: The address to which its registered office is to be changed is N. W. 1st AVENUE
[illegible]

FOURTH: The name of its present registered agent is [illegible]

FIFTH: The name of its successor registered agent is [illegible]

SIXTH: The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

SEVENTH. Such change was authorized by resolution duly adopted by its board of directors.

Dated [illegible], 19[illegible]

CRYSTAL - TEMP INC.
(exact corporate name)

SIGNATURE [illegible signature]
(President or Vice-President)

FILING FEE: $3.00

DATE April 5, 1981

JCw 05/18/81

SIGNATURE [illegible signature]
(Registered Agent)

DATE 4-5-81

CER. 114 Rev. 1/80

FLORIDA-State of the Arts

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT

1982

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

APPROVED AND FILED

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $10 Required — Make Checks Payable To: *Secretary of State*

205922
CRYSTAL TENN INC
N.W. 1ST AVENUE
P.O. BOX 696
CRYSTAL RIVER, FLA. 32629

09/14/1957 59-0828575 05/18/1981

| | | |
|---|---|---|
| ~~GARLAND, C.H.~~ | ~~P/D 710 CAIN STREET~~ | ~~HAMPTON, S.C.~~ |
| ~~SHAFER, BO~~ | ~~V/D 719 DAMERON AVENUE~~ | ~~KNOXVILLE, KY~~ |
| PENNERS, W.F. | S/T/0300 E. 20TH STREET | SANFORD, FL |

Registered Agent Information

ROBERTS, GERALD F.

N.W. 1ST AVENUE

CRYSTAL RIVER, FL 32629

*Nancy Lee Buckley* 2-22-82

$3.00 additional fee required for Registered Agent changes.

*W. F. Penners* 2-22-82

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION ANNUAL REPORT 1983

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

George Firestone
Secretary of State

APPROVED AND FILED
JUN 28 2 03 PM 1983
SECRETARY OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $10 Required —Make Checks Payable To: *Secretary of State*

1. Name and Address of Corporation Principal Office

205922
CRYSTAL TENN INC
N.W. 1ST AVENUE
P.O. BOX 696
CRYSTAL RIVER, FLA. 32629

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient
Street Address
P.O. Box No.
City
State
Zip Code

3. Date Incorporated or Qualified To Do Business in Florida: 09/14/1957

4. Federal Employer Identification Number (FEIN): 59-0828575

5. Date of Last Report: 04/21/1982

6. Names and Street Addresses of Each Officer and Director

| Names of Officers and Directors | Title | Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | City and State | |
|---|---|---|---|---|
| PENNERS, W F | S/T/D | 300 E 20TH STREET | SANFORD, FL | 0000 |
| WILLIAMS, BUFORD G | P/D | 7908 BERKSHIRE BLVD | POWELL, TN | 0000 |
| SHOOT, H R | V/D | 905 LYNDON LANE | LOUISVILLE, KY | 0000 |

Registered Agent Information

7. Name and Address of Current Registered Agent

BUCKLEY, HOWARD M
N W 1ST AVE
32629

8. Name and Address of New Registered Agent
Name: Penners, W. F.
Street Address (Do NOT Use P.O. Box Number): 300 E. 20th St.
City, State and Zip Code: Sanford, Fla., 32771

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on December 3, 1982

SIGNATURE W. F. Penners (Registered Agent Accepting Appointment) DATE 1 - 7 - 1983

$3.00 additional fee required for Registered Agent changes.

10. See signature restrictions under instructions on reverse side of this form.

I Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effect As If Made Under Oath.

Signature: W. F. Penners

Date: January 7, 1983

Typed Name of Signing Officer: W. F. Penners

Title: Secretary - Treasuer

Telephone Number: 305-322-2203

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1984

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $10 Required — Make Checks Payable To: Secretary of State

205922
CRYSTAL TENN INC
N.W. 1ST AVENUE
P.O. BOX 696
CRYSTAL RIVER, FLA. 32629

09/14/1957
59-0626575
01/26/1983

| | | | | | |
|---|---|---|---|---|---|
| 1 | PENNERS, W F | S/T/D | 300 E 20TH STREET | SANFORD, FL | 0000 |
| 2 | WILLIAMS, BUFORD G | P/D | 7908 BERKSHIRE BLVD | POWELL, TN | 0000 |
| 3 | SMOOT, H R | V/P | 905 LYNDON LANE | LOUISVILLE, KY | 0000 |

Registered Agent Information

PENNERS, W F
300 E 20TH ST
SANFORD, FL
32771

$3.00 additional fee required for Registered Agent changes.

W. F. Penners
W.F.Penners
Secretary - Treasurer
305-322-2203

CERTIFICATE OF STATUS DESIRED
$5 Additional fee required for certificates

CORPORATION

ANNUAL REPORT

1985

Read Notice and Instructions on Other Side Before Mailing Form

Filing Fee of $20 Required -- Make Checks Payable To: Secretary of State

205922 6
CRYSTAL TENN INC
N.W. 1ST AVENUE
P.O. BOX 696
CRYSTAL RIVER, FLA. 32629

09/14/1957 59-0825575 04/17/1984

| | | | |
|---|---|---|---|
| 1 | PENNERS, W F | S/T/D 300 E 20TH STREET | SANFORD, FL |
| 2 | WILLIAMS, BUFORD G | P/D 7906 BERKSHIRE BLVD | POWELL, TN |
| 3 | ~~[illegible]~~ | ~~[illegible]~~ | ~~LOUISVILLE, KY~~ |
| 4 | Hughes, Mildred, Mrs. | V/D 106 N. Seminary St. | Liberty, In. |
| 5 | | | |
| 6 | | | |

Registered Agent Information

PENNERS, W F
300 E 20TH ST
SANFORD, FL 32771

$3.00 additional fee required for Registered Agent changes.

Signature: W. F. Penners

Date: May 20, 1985

Typed Name of Signing Officer: W. F. Penners

Title: Sec. - Treas.

Telephone: 305-322-2203

$5 additional fee required for a Certificate of Status

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION

ANNUAL REPORT

1986

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $20 Required — Make Checks Payable To: Secretary of State

205922

CRYSTAL TENN INC

N.W. 1ST AVENUE

P.O. BOX 595

CRYSTAL RIVER, FLA. 32629

09/14/1957 59-0925575 05/24/1985

| | | | |
|---|---|---|---|
| PENNERS, W F | S/T/D | 300 E 20TH STREET | SANFORD, FL |
| ~~WILLIAMS, BUFORD G~~ | ~~P D~~ | ~~7908 BERKSHIRE BLVD~~ | ~~POWELL, TN~~ |
| ~~HUGHES, MILDRED, MRS.~~ | ~~V D~~ | ~~103 E SEMINARY ST~~ | ~~LIBERTY, TN~~ |

REGISTERED AGENT INFORMATION

PENNERS, W F

300 E 20TH ST

SANFORD, FL

32771

FL.

$5.00 additional fee required for Registered Agent changes

CERTIFICATE OF STATUS DESIRED ☐

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CORPORATION

ANNUAL REPORT
1987

Filing Fee of $[illegible] Required — Make Checks Payable To: Secretary of State

205922
CRYSTAL TENN INC
N.W. 1ST AVENUE
P.O. BOX 596
CRYSTAL RIVER, FLA. 32629

09 14 1957

59-0929575

05/13/1986

| | | | |
|---|---|---|---|
| POWERS, W F | S T-D | 300 E 20TH STREET | SANFORD, FL |
| GARLAND, CHARLES N | P-D | 710 CAIN ST. | HAMPTON, S.C. |
| ~~SHARP, [illegible]~~ | ~~V-S~~ | ~~700 CAMERON [illegible]~~ | ~~[illegible]VILLE, TN.~~ |
| [illegible], B[illegible] | V/P | Route 1 | [illegible]ville, Ga. |

REGISTERED AGENT INFORMATION

POWERS, W F
300 E 20TH ST.
SANFORD, FL
32771

[illegible] Atlantic Ave.
[illegible] Beach Shores, Fl.
[illegible]

FL.

$[illegible] additional fee required for Registered Agent Changes

[illegible]

Secretary - Treasurer

CERTIFICATE OF STATUS DESIRED ☐

$[illegible] Additional Fee Required for a Certificate of Status

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

FILED

CORPORATION ANNUAL REPORT 1988

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Filing Fee of $25 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

205922
CRYSTAL TENN INC
N.W. 1ST AVENUE
P.O. BOX 696
CRYSTAL RIVER, FLA. 32629

09/14/1987 — 59-0828575 — 03/13/1987

~~PENNERS, W P — S/T/D — 300 S 20TH STREET — SANFORD, FL~~
Willett, Robert D. — S/T/D — N.W. 1ST Ave — Crystal River, FlA
GARLAND, CHARLES M. — P/D — 710 CAIN ST. — HAMPTON, S.C.
~~WILLETT, ROBERT D. — V/D — ROUTE 1 — LOGANVILLE, GA.~~
Mullins, Wayne — V/D — 2944 Pine Valley Cir — East Point, GA

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

~~PENNERS, W P~~
~~2709 S. ATLANTIC AVE~~
~~SANFORD, FL~~
~~2709 S. ATLANTIC AVE 32016~~

Willett, Robert D
N.W. 1ST Ave
N.W. 1ST Ave
Crystal River FL. 32629

12-12-87

SIGNATURE Robert D Willett — DATE 4-4-88

Robert D Willett — 4-4-88

Robert D. Willett — Sec-Tres — 1-904-795-2850

CERTIFICATE OF STATUS DESIRED ☐

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

APPROVED AND FILED

CORPORATION

ANNUAL REPORT

1989

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1989 MAR 20 AM 9:45

SECRETARY OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

205922 8
CRYSTAL TENN INC
N.W. 1ST AVENUE
P.O. BOX 696
CRYSTAL RIVER, FLA. 32629-~~1400~~ 0696

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address
PO Box
City and State
Zip Code

09/14/1957 | 59-0828575 | 04/14/1988

| | | |
|---|---|---|
| ~~S/T/D WILLETT, ROBERT D.~~ | ~~N W 1ST AVE.~~ | ~~CRYSTAL RIVER, FL.~~ |
| S/T/D Mullins, Wayne | 2944 Pine Valley Cir. | East Point, GA. |
| ~~P/D GARLAND, CHARLES M.~~ | ~~710 CAIN ST.~~ | ~~HAMPTON, S.C.~~ |
| P/D III Burch, Fred | 297 Big Eddy Road | Frankfort, KY |
| ~~V/D MULLINS, WAYNE~~ | ~~2944 PINE VALLEY CIR.~~ | ~~EAST POINT, GA.~~ |
| V/D Shafer, Alex | 506 N West Ave. | Crystal River, Fl |

REGISTERED AGENT INFORMATION

WILLETT, ROBERT D.
N W 1ST AVE.
CRYSTAL RIVER, FL. 32629

Shafer, Alex
506 N.W. 1st Avenue
Crystal River FL. 32629

Signature: Alex Shafer

Date 3-13-89

CERTIFICATE OF STATUS DESIRED ✓

$5 Additional Fee required for a Certificate of Status

**FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST**

CORPORATION

ANNUAL REPORT

1990

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

**Read Notice and Instructions on Other Side Before Making Entries**
**Filing Fee of $35 Required — Make Checks Payable To: Secretary of State**

1. Name and Address of Corporation Principal Office

205922 8

ZIP + 4 PRESORT

CRYSTAL TENN INC
N.W. 1ST AVENUE
P.O. BOX 696
CRYSTAL RIVER, FLA. 32629-0696

3. Date Incorporated or Qualified To Do Business in Florida: 09/14/1957

4. FEI Number: 59-0828575

5. Names and Street Addresses of Each Officer and Director

| Title | Names of Officers and Directors | Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | City and State |
|---|---|---|---|
| S/T/D | MULLINS, WAYNE | 2944 PINE VALLEH CR. | EAST POINT, GA. |
| P/D | BURCH III, FRED | 297 BIG EDDY RD. | FRANKFORT, KY. |
| V/D | SHAFER, ALEX | 506 N.W. 1ST AVE. | CRYSTAL RIVER, FL. |

**REGISTERED AGENT INFORMATION**

SHAFER, ALEX
506 N.W. 1ST AVE.
CRYSTAL RIVER, FL. 32629

FL.

SIGNATURE Alex Shafer

DATE 6/25/90

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION ANNUAL REPORT 1991

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

Read Instructions on Other Side Before Making Entries
**FILING FEE OF $61.25 REQUIRED**

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation DOCUMENT # 205922 (8)

CRYSTAL TENN INC
N.W. 1ST AVENUE
P.O. BOX 696
CRYSTAL RIVER, FLA. 32629

2. If Address in Block 1 is incorrect in any way enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

2(1) Street Address: 506 N.W. 1st Ave.
P.O. Box: P.O. Box 696
City and State: Crystal River, FL 32629
Zip Code: 32629

Date Incorporated: 09/14/1957
FEI Number: 59-0828575

$8.75 Additional Fee required for a Certificate of Status — CERTIFICATE OF STATUS DESIRED

| Title | Names of Officers and Directors | Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | City and State |
|---|---|---|---|
| S/T/D | MULLINS, WAYNE | ~~2944 PINE VALLER CR.~~ 2941 PINE VALLEY CIR. | EAST POINT, GA. |
| P/D | BURCH III, FRED | 297 BIG EDDY RD. | FRANKFORT, KY. |
| V/D | SHAFER, ALEX | 506 N.W. 1ST AVE. | CRYSTAL RIVER, FL. |

**REGISTERED AGENT INFORMATION**

SHAFER, ALEX
506 N.W. 1ST AVE.
CRYSTAL RIVER, FL. 32629

FL.

Signature: [signature] DATE 2/19/91

Fred W. Burch III President (502) 223-1654

**FILING FEE OF $61.25 REQUIRED—Make Checks Payable To: Secretary of State** $8.75 Additional Fee required for a Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT

1992

Read Instructions on Other Side Before Making Entries

**FILING FEE $61.25 Make Payable To: Secretary of State**

DOCUMENT #205922 (8)

CRYSTAL TENN INC
506 N. W. 1ST AVENUE
P. O. BOX 696
CRYSTAL RIVER FL 32629-4002

09/14/1957

$8.75 Additional fee required for a Certificate of Status

02/22/1991 59-0828575

| | | | |
|---|---|---|---|
| S/T/D | MULLINS, WAYNE | 2941 PINE VALLEY CIR. | EAST POINT, GA. |
| P/D | BURCH III, FRED | 297 BIG EDDY RD. | FRANKFORT, KY. |
| V/D | SHAFER, ALEX | ~~506 N.W. 1ST AVE.~~ | ~~CRYSTAL RIVER, FL.~~ |
| V.P. | WILLIAMS, GERTRUDE | ~~MCCORKLE RD~~ 710 Cain St. | ~~[illegible]~~ Hampton, SC |
| D. | GARLAND, C.M. | | |

(RE) 4-20-92

**REGISTERED AGENT INFORMATION**

SHAFER, ALEX
506 N.W. 1ST AVE.
CRYSTAL RIVER, FL. 32629

FL.

F.W. Burch, III gave authorization by phone to change C.M. Garland's address (RE) 4-17-92

SIGNATURE [signature]

4/7/92

FRED W. BURCH III PRESIDENT 502 223-1654

File Now - Filing Fee after May 1 is $225.00

CORPORATION ANNUAL REPORT 1993

FLORIDA DEPARTMENT OF STATE

DOCUMENT # 205922 (8)

CRYSTAL TENN INC
506 N. W. 1ST AVENUE
P. O. BOX 696
CRYSTAL RIVER FL 34428-4002

FILED
93 JUL 19 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified: 09/14/1957
3a. Date of Last Report: 04/20/1992
4. FEI Number: 590828575

FILING FEE $200.00 — ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE — MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

$8.75 Additional Fee Required

$5.00 May Be Added to Fees

$138.75 Supplemental Fee Not Required

9. Name and Address of Current Registered Agent

SHAFER, ALEX
506 N.W. 1ST AVE
CRYSTAL RIVER FL 32629

10. Name and Address of New Registered Agent

FL

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| S/T/D | MULLINS, WAYNE<br>2941 PINE VALLEY CIR<br>EAST POINT GA |
| P/D | BURCH III, FRED<br>297 BIG EDDY RD<br>FRANKFORT KY |
| D | SHAFER, ALEX<br>506 N.W. 1ST AVE<br>CRYSTAL RIVER FL |
| V | WILLIAMS, GERTRUDE<br>7909 BERKSHIRE BLVD<br>POWELL TN |
| D | GARLAND, C.U.<br>710 CAIN ST<br>HAMPTON SC |

SIGNATURE

**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 MAY 17 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
CRYSTAL TENN INC

DOCUMENT #
205922 (8)

Mailing Address
506 N. W. 1ST AVENUE
P. O. BOX 696
CRYSTAL RIVER FL 32623

Principal Place of Business
506 N. W. 1ST AVENUE
P. O. BOX 696
CRYSTAL RIVER FL 32623

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1957
5. Date of Last Report: 05/19/1993
4. FEI Number: 59-0826575
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. Nonprofit Exempt from $138.75 Supplemental Fee
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes / No

2. Mailing Address | 2a. Principal Place of Business
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

9. Name and Address of Current Registered Agent

SHAFER, ALEX
506 N.W. 1ST AVE.
CRYSTAL RIVER FL 32629

10. Name and Address of New Registered Agent
Name
Street Address (P. O. Box Number is Not Acceptable)
City FL Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE ____________ DATE ____________

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | S/T/D |
| NAME | MULLINS, WAYNE |
| STREET ADDRESS | 2941 PINE VALLEY CIR. |
| CITY-ST-ZIP | EAST POINT GA |
| TITLE | P/D |
| NAME | BURCH III, FRED |
| STREET ADDRESS | 297 BIG EDDY RD. |
| CITY-ST-ZIP | FRANKFORT KY |
| TITLE | D |
| NAME | SHAFER, ALEX |
| STREET ADDRESS | 506 N.W. 1ST AVE. |
| CITY-ST-ZIP | CRYSTAL RIVER FL |
| TITLE | V/P/D |
| NAME | GARLAND C. M. |
| STREET ADDRESS | 710 CAIN ST. |
| CITY-ST-ZIP | HAMPTON SC |

13. CHANGES TO OFFICERS AND DIRECTORS AT 12

14. I 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)(i), Florida Statutes. I release the Division of Corporations from any liability for non-compliance with Section 119.07(3)(i) in the event that this information supplied is deemed exempt from public records. 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 have satisfied all obligations concerning unclaimed property required by Chapter 717, Florida Statutes; 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 or 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Fred W. Burch III  FRED W. BURCH III  5/13/94  502-223-1654

**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 18 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 205922 (8)

1. Corporation Name
CRYSTAL TENN INC

| Principal Place of Business | Mailing Address |
|---|---|
| 506 N. W. 1ST AVENUE<br>P. O. BOX 698<br>CRYSTAL RIVER FL 32623 | 506 N. W. 1ST AVENUE<br>P. O. BOX 698<br>CRYSTAL RIVER FL 32623 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1957
3a. Date of Last Report: 05/17/1994
4. FEI Number: 59-0828575 — 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip 34423 — 25 Country | 29 Zip 34428 — 30 Country |

9. Name and Address of Current Registered Agent

SHAFER, ALEX
506 N.W. 1ST AVE.
CRYSTAL RIVER FL 32629

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code 34428

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 X

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | STD | 1.1 TITLE | ☐ Change ☒ Addition |
| NAME | MULLINS, WAYNE | 1.2 NAME | |
| STREET ADDRESS | 2941 PINE VALLEY CIR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | EAST POINT GA | 1.4 CITY-ST-ZIP | 30344 |
| TITLE | PD | 2.1 TITLE | ☐ Change ☒ Addition |
| NAME | BURCH III, FRED | 2.2 NAME | |
| STREET ADDRESS | 297 BIG EDDY RD. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FRANKFORT KY | 2.4 CITY-ST-ZIP | 40601 |
| TITLE | D | 3.1 TITLE | ☐ Change ☒ Addition |
| NAME | SHAFER, ALEX | 3.2 NAME | |
| STREET ADDRESS | 506 N.W. 1ST AVE. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CRYSTAL RIVER FL | 3.4 CITY-ST-ZIP | 34428 |
| TITLE | VPD | 4.1 TITLE | ☐ Change ☒ Addition |
| NAME | GARLAND, C. M. | 4.2 NAME | |
| STREET ADDRESS | 710 CAIN ST. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | HAMPTON SC | 4.4 CITY-ST-ZIP | 29924 |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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)(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: X [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4-12-95 (Date) — 502 223 8085 (Daytime Phone #)

0081878 CP

**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # 205922 (8)

1. Corporation Name

CRYSTAL TENN INC

Principal Place of Business

506 N. W. 1ST AVENUE
P. O. BOX 696
CRYSTAL RIVER FL 34423
US

Mailing Address

506 N. W. 1ST AVENUE
P. O. BOX 696
CRYSTAL RIVER FL 34423
US

3. Date Incorporated or Qualified: 09/14/1957

3a. Date of Last Report: 04/18/1995

4. FEI Number: 59-0828575 [ ] 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

8. This corporation is for . . . Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

SHAFER, ALEX
506 N.W. 1ST AVE.
CRYSTAL RIVER FL 34428

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections . . . Florida Statutes . . .

SIGNATURE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | STD | [ ] DELETE |
| NAME | MULLINS, WAYNE | |
| STREET ADDRESS | 2941 PINE VALLEY CIR. | |
| CITY-ST-ZIP | EAST POINT GA | |
| TITLE | PD | [ ] DELETE |
| NAME | BURCH III, FRED | |
| STREET ADDRESS | 297 BIG EDDY RD. | |
| CITY-ST-ZIP | FRANKFORT KY | |
| TITLE | D | [ ] DELETE |
| NAME | SHAFER, ALEX | |
| STREET ADDRESS | 506 N.W. 1ST AVE. | |
| CITY-ST-ZIP | CRYSTAL RIVER FL | |
| TITLE | VPD | [ ] DELETE |
| NAME | GARLAND, C. M. | |
| STREET ADDRESS | 710 CAIN ST. | |
| CITY-ST-ZIP | HAMPTON SC | |
| TITLE | | [ ] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | [ ] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|---|---|---|---|
| 1) TITLE | | [ ] Change | [ ] Addition |
| 1) NAME | | | |
| 1) STREET ADDRESS | | | |
| 1) CITY-ST-ZIP | | | |
| 2) TITLE | | [ ] Change | [ ] Addition |
| 2) NAME | | | |
| 2) STREET ADDRESS | | | |
| 2) CITY-ST-ZIP | | | |
| 3) TITLE | | [ ] Change | [ ] Addition |
| 3) NAME | | | |
| 3) STREET ADDRESS | | | |
| 3) CITY-ST-ZIP | | | |
| 4) TITLE | | [ ] Change | [ ] Addition |
| 4) NAME | | | |
| 4) STREET ADDRESS | | | |
| 4) CITY-ST-ZIP | | | |
| 5) TITLE | | [ ] Change | [ ] Addition |
| 5) NAME | | | |
| 5) STREET ADDRESS | | | |
| 5) CITY-ST-ZIP | | | |
| 6) TITLE | | [ ] Change | [ ] Addition |
| 6) NAME | | | |
| 6) STREET ADDRESS | | | |
| 6) CITY-ST-ZIP | | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption . . . Section 119.07(3)(i), Florida Statutes . . .

SIGNATURE: Bill W. Evans . . . 2-12-96 352 795 2850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

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

# FILED
Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # 205922 (8)

1. Corporation Name
CRYSTAL TENN INC

Principal Place of Business
506 N. W. 1ST AVENUE
P. O. BOX 696
CRYSTAL RIVER FL 34423
US

Mailing Address
506 N. W. 1ST AVENUE
P. O. BOX 696
CRYSTAL RIVER FL 34423-0696
US

3. Date Incorporated or Qualified: 09/14/1957
3a. Date of Last Report: 04/09/1996

4. FEI Number: 59-0828575 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
SHAFER, ALEX
506 N.W. 1ST AVE.
CRYSTAL RIVER FL 34428

10. Name and Address of New Registered Agent
81 Name
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 ______ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | STD | ☐ DELETE |
| NAME | MULLINS, WAYNE | |
| STREET ADDRESS | 2941 PINE VALLEY CIR. | |
| CITY-ST-ZIP | EAST POINT GA | |
| TITLE | PD | ☐ DELETE |
| NAME | BURCH III, FRED | |
| STREET ADDRESS | 297 BIG EDDY RD. | |
| CITY-ST-ZIP | FRANKFORT KY | |
| TITLE | D | ☐ DELETE |
| NAME | SHAFER, ALEX | |
| STREET ADDRESS | 506 N.W. 1ST AVE. | |
| CITY-ST-ZIP | CRYSTAL RIVER FL | |
| TITLE | VPD | ☐ DELETE |
| NAME | GARLAND, C. M. | |
| STREET ADDRESS | 710 CAIN ST. | |
| CITY-ST-ZIP | HAMPTON SC | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1.1 TITLE | | ☐ Change ☐ Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | ☐ Change ☐ Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | ☐ Change ☐ Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | ☐ Change ☐ Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | ☐ Change ☐ Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | ☐ Change ☐ Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

14. I do 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: X Bill Evans Fred Burch III 4-9-97 352 795 2850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

FILED
Apr 17 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 # 205922 (8)

1. Corporation Name
CRYSTAL TENN INC

| Principal Place of Business | Mailing Address |
|---|---|
| 506 N. W. 1ST AVENUE<br>P. O. BOX 696<br>CRYSTAL RIVER FL 34423<br>US | 506 N. W. 1ST AVENUE<br>P. O. BOX 696<br>CRYSTAL RIVER FL 34423<br>US |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| Suite, Apt #, etc 22 | Suite, Apt #, etc 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

3. Date Incorporated or Qualified: 09/14/1957

4. FEI Number: 59-0828575 ☐ 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

8. 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 | 10. Name and Address of New Registered Agent |
|---|---|
| SHAFER, ALEX<br>506 N.W. 1ST AVE.<br>CRYSTAL RIVER FL 34428 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | STD | ☐ DELETE | 1 1 TITLE | ☐ Change ☒ Addition |
| NAME | MULLINS, WAYNE | | 1 2 NAME | |
| STREET ADDRESS | 2941 PINE VALLEY CIR. | | 1 3 STREET ADDRESS | |
| CITY-ST-ZIP | EAST POINT GA | | 1 4 CITY-ST-ZIP | 30344 |
| TITLE | PD | ☐ DELETE | 2 1 TITLE | ☐ Change ☒ Addition |
| NAME | BURCH III, FRED | | 2 2 NAME | |
| STREET ADDRESS | 297 BIG EDDY RD. | | 2 3 STREET ADDRESS | |
| CITY-ST-ZIP | FRANKFORT KY | | 2 4 CITY-ST-ZIP | 40601 |
| TITLE | D | ☐ DELETE | 3 1 TITLE | ☐ Change ☒ Addition |
| NAME | SHAFER, ALEX | | 3 2 NAME | |
| STREET ADDRESS | 506 N.W. 1ST AVE. | | 3 3 STREET ADDRESS | |
| CITY-ST-ZIP | CRYSTAL RIVER FL | | 3 4 CITY-ST-ZIP | 34428 |
| TITLE | VPD | ☐ DELETE | 4 1 TITLE | ☐ Change ☒ Addition |
| NAME | GARLAND, C. M. | | 4 2 NAME | |
| STREET ADDRESS | 710 CAIN ST. | | 4 3 STREET ADDRESS | |
| CITY-ST-ZIP | HAMPTON SC | | 4 4 CITY-ST-ZIP | 29924 |
| 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 | |
| TITLE | | ☐ DELETE | 6 1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6 2 NAME | |
| STREET ADDRESS | | | 6 3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6 4 CITY-ST-ZIP | |

CR2E034 (10/97)

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: X

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

PROFIT CORPORATION ANNUAL REPORT 1999

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

**FILED**
**Feb 19, 1999 8:00 am**
**Secretary of State**
02-19-1999 90122 037 ***150.00

0487275

DOCUMENT # 205922

1. Corporation Name
CRYSTAL TENN INC

| Principal Place of Business | Mailing Address |
|---|---|
| 506 N. W. 1ST AVENUE<br>P. O. BOX 696<br>CRYSTAL RIVER FL 34423<br>US | 506 N. W. 1ST AVENUE<br>P. O. BOX 696<br>CRYSTAL RIVER FL 34423<br>US |

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 21 / Suite, Apt #, etc. 22 / City & State 23 / Zip 24 / Country 25

2a. Mailing Address — 26 / Suite, Apt #, etc. 27 / City & State 28 / Zip 29 / Country 30

3. Date Incorporated or Qualified: 09/14/1957

4. FEI Number: 59-0828575 ☐ 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

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SHAFER, ALEX
506 N.W. 1ST AVE.
CRYSTAL RIVER FL 34428

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|---|---|---|---|---|
| STD | MULLINS, WAYNE | 2941 PINE VALLEY CIR. | EAST POINT GA 30344 | ☐ |
| PD | BURCH III, FRED | 297 BIG EDDY RD. | FRANKFORT KY 40601 | ☐ |
| D | SHAFER, ALEX | 506 N.W. 1ST AVE. | CRYSTAL RIVER FL 34428 | ☐ |
| VPD | GARLAND, C. M. | 710 CAIN ST. | HAMPTON SC 29924 | ☐ |
| | | | | ☐ |
| | | | | ☐ |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|---|---|---|---|---|---|---|
| 1 | | | | | ☐ | ☐ |
| 2 | | | | | ☐ | ☐ |
| 3 | | | | | ☐ | ☐ |
| 4 | | | | | ☐ | ☐ |
| 5 | | | | | ☐ | ☐ |
| 6 | | | | | ☐ | ☐ |

CR2E034 (11/98)

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: Fred Burch III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 205922

1. Entity Name

CRYSTAL TENN INC

**FILED**
**May 08, 2000 8:00 am**
**Secretary of State**
05-08-2000 90170 020 ***150.00

| Principal Place of Business | Mailing Address |
|---|---|
| 506 N. W. 1ST AVENUE<br>P. O. BOX 696<br>CRYSTAL RIVER FL 34423<br>US | 506 N. W. 1ST AVENUE<br>P. O BOX 696<br>CRYSTAL RIVER FL 34423-0696<br>US |

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0828575 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SHAFER, ALEX<br>506 N.W. 1ST AVE.<br>CRYSTAL RIVER FL 34428 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS $150.00**
**After MAY 1, 2000 Fee will be $550.00**
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>MULLINS, WAYNE<br>2941 PINE VALLEY CIR.<br>EAST POINT GA 30344 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BURCH III, FRED<br>297 BIG EDDY RD.<br>FRANKFORT KY 40601 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SHAFER, ALEX<br>506 N.W. 1ST AVE.<br>CRYSTAL RIVER FL 34428 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>GARLAND, C. M.<br>710 CAIN ST.<br>HAMPTON SC 29924 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (9/99)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Fred Burch III 4-27-2000 352-795-2850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 18, 2001 8:00 am**
**Secretary of State**
05-18-2001 90009 012 ***150.00

DOCUMENT # 205922

1. Entity Name
CRYSTAL TENN INC

| Principal Place of Business | Mailing Address |
|---|---|
| 506 N. W. 1ST AVENUE<br>P. O. BOX 696<br>CRYSTAL RIVER FL 34423<br>US | 506 N. W. 1ST AVENUE<br>P. O. BOX 696<br>CRYSTAL RIVER FL 34423<br>US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc | Suite, Apt. #, etc |
| City & State | City & State |
| Zip / Country | Zip / Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0828575 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SHAFER, ALEX
506 N.W. 1ST AVE.
CRYSTAL RIVER FL 34428

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

**FILE NOW!!! FEE IS $150.00**
**After MAY 1, 2001 Fee will be $550.00**
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

| | | |
|---|---|---|
| TITLE | STD | ☐ Delete |
| NAME | MULLINS, WAYNE | |
| STREET ADDRESS | 2941 PINE VALLEY CIR. | |
| CITY-ST-ZIP | EAST POINT GA 30344 | |
| TITLE | PD | ☐ Delete |
| NAME | BURCH III, FRED | |
| STREET ADDRESS | 297 BIG EDDY RD. | |
| CITY-ST-ZIP | FRANKFORT KY 40601 | |
| TITLE | D | ☐ Delete |
| NAME | SHAFER, ALEX | |
| STREET ADDRESS | 506 N.W. 1ST AVE. | |
| CITY-ST-ZIP | CRYSTAL RIVER FL 34428 | |
| TITLE | VPD | ☐ Delete |
| NAME | GARLAND, C. M. | |
| STREET ADDRESS | 710 CAIN ST. | |
| CITY-ST-ZIP | HAMPTON SC 29924 | |
| TITLE | | ☐ Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| | | |
|---|---|---|
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ Change ☐ Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

CR2E034 (10/00)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** C. M. Garland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
05-09-2002 90046 018 ***150.00

DOCUMENT # 205922

1. Entity Name
CRYSTAL TENN INC

| Principal Place of Business | Mailing Address |
|---|---|
| 506 N. W. 1ST AVENUE<br>P. O. BOX 696<br>CRYSTAL RIVER FL 34423<br>US | 506 N. W. 1ST AVENUE<br>P. O. BOX 696<br>CRYSTAL RIVER FL 34423<br>US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0828575 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

SHAFER, ALEX
506 N.W. 1ST AVE.
CRYSTAL RIVER FL 34428

**7. Name and Address of New Registered Agent**

Name FRED BURCH III
Street Address (P.O. Box Number is Not Acceptable) 506 NW 1ST AVE
City CRYSTAL RIVER FL Zip Code 34428

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE [signature] FRED BURCH III
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2002 Fee will be $550.00**
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>MULLINS, WAYNE<br>2941 PINE VALLEY CIR.<br>EAST POINT GA 30344<br>☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BURCH III, FRED<br>297 BIG EDDY RD.<br>FRANKFORT KY 40601<br>☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>506 NW 1ST AVE<br>CRYSTAL RIVER FL 34428 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SHAFER, ALEX<br>506 N.W. 1ST AVE.<br>CRYSTAL RIVER FL 34428<br>☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>1100 MARION ST. STE 100<br>KNOXVILLE TN 37921-6856 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>GARLAND, C. M.<br>710 CAIN ST.<br>HAMPTON SC 29924<br>☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** [signature] FRED BURCH III 352-795-2850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

# 2003 FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 28, 2003 8:00 am**
**Secretary of State**
04-28-2003 90504 028 ***150.00

816990 AV

DOCUMENT # 205922

1. Entity Name
CRYSTAL TENN INC

| Principal Place of Business | Mailing Address |
|---|---|
| 506 N. W. 1ST AVENUE | 506 N. W. 1ST AVENUE |
| P. O. BOX 696 | P. O. BOX 696 |
| CRYSTAL RIVER FL 34423 | CRYSTAL RIVER FL 34423 |
| US | US |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-0828575 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

BURCH, FRED III
506 N.W. 1ST AVE.
CRYSTAL RIVER FL 34428

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2003, Fee will be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

CR2E034 (10/02)

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE | STD | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | MULLINS, WAYNE | | NAME | |
| STREET ADDRESS | 2941 PINE VALLEY CIR. | | STREET ADDRESS | |
| CITY-ST-ZIP | EAST POINT GA 30344 | | CITY-ST-ZIP | |
| TITLE | PD | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | BURCH III, FRED | | NAME | |
| STREET ADDRESS | 506 NW 1ST AVE | | STREET ADDRESS | |
| CITY-ST-ZIP | CRYSTAL RIVER FL 34428 | | CITY-ST-ZIP | |
| TITLE | D | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | SHAFER, ALEX | | NAME | |
| STREET ADDRESS | 1100 MARIO ST STE 100 | | STREET ADDRESS | |
| CITY-ST-ZIP | KNOXVILLE TN 37921-6856 | | CITY-ST-ZIP | |
| TITLE | VPD | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | GARLAND, C. M. | | NAME | |
| STREET ADDRESS | 710 CAIN ST. | | STREET ADDRESS | |
| CITY-ST-ZIP | HAMPTON SC 29924 | | CITY-ST-ZIP | |
| TITLE | | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 4/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004
Secretary of State

DOCUMENT# 205922

**Entity Name:** CRYSTAL TENN INC

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| 506 N. W. 1ST AVENUE<br>P. O. BOX 696<br>CRYSTAL RIVER, FL 34423 US | 506 N W 1ST AVE<br>CRYSTAL RIVER, FL 34428 US |
| **Current Mailing Address:** | **New Mailing Address:** |
| 506 N. W. 1ST AVENUE<br>P. O BOX 696<br>CRYSTAL RIVER, FL 34423 US | PO BOX 696<br>CRYSTAL RIVER, FL 34423 US |

FEI Number: 59-0828575 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |
|---|---|
| BURCH, FRED III<br>506 N W. 1ST AVE<br>CRYSTAL RIVER, FL 34428 US | BURCH, FRED III<br>506 NW 1ST AVE<br>CRYSTAL RIVER, FL 34428 US |

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 05/05/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

| **OFFICERS AND DIRECTORS:** | | **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:** | |
|---|---|---|---|
| Title: | STD ( ) Delete | Title: | STD (X) Change ( ) Addition |
| Name | MULLINS, WAYNE, | Name. | MULLINS, WAYNE |
| Address: | 2941 PINE VALLEY CIR. | Address. | 2941 PINE VALLEY CIR |
| City-St-Zip: | EAST POINT, GA 30344 | City-St-Zip: | EAST POINT, GA 30344 |
| Title: | PD ( ) Delete | Title: | PD (X) Change ( ) Addition |
| Name: | BURCH III FRED. | Name: | BURCH III, FRED |
| Address. | 506 NW 1ST AVE | Address. | 506 NW 1ST AVE |
| City-St-Zip: | CRYSTAL RIVER FL 34428 | City-St-Zip: | CRYSTAL RIVER FL 34428 |
| Title. | D ( ) Delete | Title: | D (X) Change ( ) Addition |
| Name: | SHAFER, ALEX, | Name: | SHAFER, ALEX |
| Address: | 1100 MARIO ST STE 100 | Address. | 1100 MARIO ST STE 100 |
| City-St-Zip: | KNOXVILLE, TN 379216856 | City-St-Zip: | KNOXVILLE, TN 379216856 |
| Title | VPD ( ) Delete | Title. | VPD (X) Change ( ) Addition |
| Name: | GARLAND, C. M. | Name | GARLAND C M |
| Address: | 710 CAIN ST. | Address: | 710 CAIN ST |
| City-St-Zip: | HAMPTON, SC 29924 | City-St-Zip: | HAMPTON, SC 29924 |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED BURCH III PD 05/05/2004

Electronic Signature of Signing Officer or Director Date

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 16, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # 205922

1. Entity Name
CRYSTAL TENN INC

Principal Place of Business
506 N W 1ST AVE
CRYSTAL RIVER, FL 34428 US

Mailing Address
PO BOX 696
CRYSTAL RIVER, FL 34423 US

**DO NOT WRITE IN THIS SPACE**

03022005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0828575

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BURCH, FRED III
506 NW 1ST AVE
CRYSTAL RIVER, FL 34428

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | STD |
| NAME | MULLINS, WAYNE |
| STREET ADDRESS | 2941 PINE VALLEY CIR |
| CITY-ST-ZIP | EAST POINT, GA 30344 |
| TITLE | PD |
| NAME | BURCH III, FRED |
| STREET ADDRESS | 506 NW 1ST AVE |
| CITY-ST-ZIP | CRYSTAL RIVER, FL 34428 |
| TITLE | D |
| NAME | SHAFER, ALEX |
| STREET ADDRESS | 1100 MARIO ST STE 100 |
| CITY-ST-ZIP | KNOXVILLE, TN 379216856 |
| TITLE | VPD |
| NAME | GARLAND, C M |
| STREET ADDRESS | 710 CAIN ST |
| CITY-ST-ZIP | HAMPTON, SC 29924 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

000000265325
03/16/05--00061-014 150.00

**DO NOT WRITE IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Fred W. Burch III 3/7/05 352-228-168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 14, 2006 8:00 am**
**Secretary of State**

04-14-2006 90145 032 ***150.00

DOCUMENT # 205922

1. Entity Name
CRYSTAL TENN INC

| Principal Place of Business | Mailing Address |
|---|---|
| 506 N W 1ST AVE<br>CRYSTAL RIVER, FL 34428 US | PO BOX 696<br>CRYSTAL RIVER, FL 34423 US |

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

03202006 Chg-P CR2E034 (11/05)

4. FEI Number: 59-0828575 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BURCH, FRED III<br>506 NW 1ST AVE<br>CRYSTAL RIVER, FL 34428 | Name<br>Street Address (P O. Box Number is Not Acceptable)<br>City FL Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>MULLINS, WAYNE<br>2941 PINE VALLEY CIR<br>EAST POINT, GA 30344 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BURCH III, FRED<br>506 NW 1ST AVE<br>CRYSTAL RIVER, FL 34428 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SHAFER, ALEX<br>1100 MARIO ST STE 100<br>KNOXVILLE, TN 379216856 | ☒ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>NICELY, WHISMAN<br>1216 OLD WEISGABER ROAD<br>KNOXVILLE, TN 37909<br>☐ Change ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>GARLAND, C M<br>710 CAIN ST<br>HAMPTON, SC 29924 | ☒ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>WILLIAMS, GORDAN<br>2119 LEBANON ROAD<br>NASHVILLE, TN 37210<br>☐ Change ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SMOOT, TOM<br>9111 KEN LOCK DRIVE<br>LOUISVILLE, KY 40242<br>☐ Change ☒ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Fred W. Burch III FRED W. BURCH III 3/21/06 502-225-1654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

08/21/2027 04:13 -13527952850 KINGSBAYLODG

# FILED
## Aug 28, 2007 8:00 am
## Secretary of State

07-24-2007 90042 030 ***550.00

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 205922

1. Entity Name
CRYSTAL TENN INC

P.O. Box 6327
Tallahassee, Florida 32314

66021535

07022007 No Chg-P CR2E034 (11/05)

| Principal Place of Business | Mailing Address |
|---|---|
| 506 NW 1ST AVE<br>CRYSTAL RIVER, FL 34428 US | PO BOX 696<br>CRYSTAL RIVER, FL 34423 US |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-0828575 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURCH, FRED III
506 NW 1ST AVE
CRYSTAL RIVER, FL 34428

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 8/21/07
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | STD |
| NAME | MULLINS, WAYNE |
| STREET ADDRESS | 2941 PINE VALLEY CIR |
| CITY-ST-ZIP | EAST POINT, GA 30344 |
| TITLE | PD |
| NAME | BURCH III, FRED |
| STREET ADDRESS | 506 NW 1ST AVE |
| CITY-ST-ZIP | CRYSTAL RIVER, FL 34428 |
| TITLE | D |
| NAME | NICELY, WHISMAN |
| STREET ADDRESS | 1218 OLD WEISGABER ROAD |
| CITY-ST-ZIP | KNOXVILLE, TN 37909 |
| TITLE | VPD |
| NAME | WILLIAMS, GORDAN |
| STREET ADDRESS | 2119 LEBANON ROAD |
| CITY-ST-ZIP | NASHVILLE, TN 37210 |
| TITLE | D |
| NAME | SMOOT, TOM |
| STREET ADDRESS | 9111 KEN LOCK DR |
| CITY-ST-ZIP | LOUISVILLE, KY 40242 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 8/21/07 502-223-1654
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 18, 2008 8:00 am**
**Secretary of State**
03-18-2008 90009 016 ***150.00

40047735

03102008 Chg-P CR2E034 (12/06)

DOCUMENT # 205922

1. Entity Name
CRYSTAL TENN INC

| Principal Place of Business | Mailing Address |
|---|---|
| 506 N W 1ST AVE<br>CRYSTAL RIVER, FL 34428 US | PO BOX 696<br>CRYSTAL RIVER, FL 34423 US |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-0828575 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BURCH, FRED III<br>506 NW 1ST AVE<br>CRYSTAL RIVER, FL 34428 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2008 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>MULLINS, WAYNE<br>2941 PINE VALLEY CIR<br>EAST POINT, GA 30344 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BURCH III, FRED<br>506 NW 1ST AVE<br>CRYSTAL RIVER, FL 34428 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP/D<br>BURCH III, FRED<br>506 NW 1ST AVE<br>CRYSTAL RIVER FL 34428 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NICELY, WHISMAN<br>1216 OLD WEISGABER ROAD<br>KNOXVILLE, TN 37909 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>WILLIAMS, GORDAN<br>2119 LEBANON ROAD<br>NASHVILLE, TN 37210 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/D<br>WILLIAMS, GORDON<br>2119 LEBANON ROAD<br>NASHVILLE TN 37210 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SMOOT, TOM<br>9111 KEN LOCK DR<br>LOUISVILLE, KY 40242 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>RICKEY, NORRIS<br>340 PINELLAS BAYWAY<br>TIERRA VERDE FL 33715 | ☐ Change ☒ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/13/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

40047735

2008 FOR PROFIT CORPORATION ANNUAL REPORT CONTINUED

DOCUMENT # 205922

CRYSTAL TENN INC
59-0828575

ADDITIONS TO OFFICERS / DIRECTORS

D
WALPERT, RON C. ADD AS DIRECTOR
212 MALLARD DRIVE
FRANKFORT KY 40601

D
WILLIAMS, GERTRUDE ADD AS DIRECTOR
844 STERCHI PARKWAY
KNOXVILLE TN 37912

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 31, 2009**
**Secretary of State**

DOCUMENT# 205922

**Entity Name:** CRYSTAL TENN INC

**Current Principal Place of Business:**

506 N W 1ST AVE
CRYSTAL RIVER, FL 34428 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 696
CRYSTAL RIVER, FL 34423 US

**New Mailing Address:**

FEI Number: 59-0828575 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURCH, FRED III
506 NW 1ST AVE
CRYSTAL RIVER, FL 34428 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE. ______________________________
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title. | STD | ( ) Delete |
| Name: | MULLINS, WAYNE | |
| Address: | 2941 PINE VALLEY CIR | |
| City-St-Zip: | EAST POINT, GA 30344 | |
| Title: | VPD | ( ) Delete |
| Name: | BURCH, FRED III | |
| Address: | 506 NW 1ST AVE | |
| City-St-Zip: | CRYSTAL RIVER, FL 34428 | |
| Title: | D | ( ) Delete |
| Name: | NICELY, WHISMAN | |
| Address: | 1216 OLD WEISGABER ROAD | |
| City-St-Zip: | KNOXVILLE, TN 37909 | |
| Title: | PD | ( ) Delete |
| Name: | WILLIAMS, GORDON | |
| Address: | 2119 LEBANON RD | |
| City-St-Zip: | NASHVILLE, TN 37210 | |
| Title: | D | ( ) Delete |
| Name: | SMOOT, TOM | |
| Address: | 9111 KEN LOCK DR | |
| City-St-Zip: | LOUISVILLE, KY 40242 | |
| Title. | D | ( ) Delete |
| Name. | RICKEY, NORRIS | |
| Address: | 340 PINELLAS BAYWAY | |
| City-St-Zip: | SAINT PETERSBURG, FL 33715 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address. | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED W. BURCH, III VPD 03/31/2009
Electronic Signature of Signing Officer or Director Date

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2010
Secretary of State

DOCUMENT# 205922

**Entity Name:** CRYSTAL TENN INC

**Current Principal Place of Business:**

506 N W 1ST AVE
CRYSTAL RIVER, FL 34428 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 696
CRYSTAL RIVER, FL 34423 US

**New Mailing Address:**

**FEI Number:** 59-0828575 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURCH, FRED III
506 NW 1ST AVE
CRYSTAL RIVER, FL 34428 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ______________________________
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: STD
Name: MULLINS, WAYNE
Address: 2941 PINE VALLEY CIR
City-St-Zip: EAST POINT, GA 30344

Title: VPD
Name: BURCH, FRED III
Address: 506 NW 1ST AVE
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: D
Name: NICELY, WHISMAN
Address: 1216 OLD WEISGABER ROAD
City-St-Zip: KNOXVILLE, TN 37909

Title: PD
Name: WILLIAMS, GORDON
Address: 2119 LEBANON RD
City-St-Zip: NASHVILLE, TN 37210

Title: D
Name: SMOOT, TOM
Address: 9111 KEN LOCK DR
City-St-Zip: LOUISVILLE, KY 40242

Title: D
Name: RICKEY, NORRIS
Address: 340 PINELLAS BAYWAY
City-St-Zip: SAINT PETERSBURG, FL 33715

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRED W. BURCH, III VPD 04/03/2010
Electronic Signature of Signing Officer or Director Date

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 13, 2011**
**Secretary of State**

DOCUMENT# 205922

**Entity Name:** CRYSTAL TENN INC

**Current Principal Place of Business:**

506 N W 1ST AVE
CRYSTAL RIVER, FL 34428 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 696
CRYSTAL RIVER, FL 34423 US

**New Mailing Address:**

**FEI Number:** 59-0828575 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURCH, FRED III
506 NW 1ST AVE
CRYSTAL RIVER, FL 34428 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ______________________________________________
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: STD
Name: MULLINS, WAYNE
Address: 2941 PINE VALLEY CIR
City-St-Zip: EAST POINT, GA 30344

Title: VPD
Name: BURCH, FRED III
Address: 506 NW 1ST AVE
City-St-Zip CRYSTAL RIVER, FL 34428

Title: D
Name: WILLIS, DEVAN
Address: 4249 HAMILTON RD
City-St-Zip: LAKELAND, FL 33811

Title. D
Name: WILLIAMS, GORDON
Address: 2119 LEBANON RD
City-St-Zip: NASHVILLE, TN 37210

Title: PD
Name: SMOOT, TOM
Address: 9111 KEN LOCK DR
City-St-Zip: LOUISVILLE, KY 40242

Title D
Name: RICKEY, NORRIS
Address: 340 PINELLAS BAYWAY
City-St-Zip: SAINT PETERSBURG, FL 33715

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 04, 2012**
**Secretary of State**

DOCUMENT# 205922

**Entity Name:** CRYSTAL TENN INC

**Current Principal Place of Business:**

506 N W 1ST AVE
CRYSTAL RIVER, FL 34428 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 696
CRYSTAL RIVER, FL 34423 US

**New Mailing Address:**

**FEI Number:** 59-0828575 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURCH, FRED III
506 NW 1ST AVE
CRYSTAL RIVER, FL 34428 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ______________________________
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: STD
Name: MULLINS, WAYNE
Address: 2941 PINE VALLEY CIR
City-St-Zip: EAST POINT, GA 30344

Title: VPD
Name: BURCH, FRED III
Address: 506 NW 1ST AVE
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: D
Name: WILLIS, DEVAN
Address: 4249 HAMILTON RD
City-St-Zip: LAKELAND, FL 33811

Title: D
Name: WILLIAMS, GORDON
Address: 2119 LEBANON RD
City-St-Zip: NASHVILLE, TN 37210

Title: PD
Name: SMOOT, TOM
Address: 9111 KEN LOCK DR
City-St-Zip: LOUISVILLE, KY 40242

Title: D
Name: RICKEY, NORRIS
Address: 340 PINELLAS BAYWAY
City-St-Zip: SAINT PETERSBURG, FL 33715

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRED BURCH III VPD 04/04/2012
Electronic Signature of Signing Officer or Director Date

# 2013 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 22, 2013
Secretary of State

DOCUMENT# 205922

**Entity Name:** CRYSTAL TENN INC

**Current Principal Place of Business:**

506 N W 1ST AVE
CRYSTAL RIVER, FL 34428 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 696
CRYSTAL RIVER FL 34423 US

**New Mailing Address:**

506 N W 1ST AVE
CRYSTAL RIVER, FL 34428 US

FEI Number: 59-0828575 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURCH, FRED III
506 NW 1ST AVE
CRYSTAL RIVER, FL 34428 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FRED BURCH III

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: STD
Name: MULLINS, WAYNE
Address: 2941 PINE VALLEY CIR
City-St-Zip: EAST POINT, GA 30344

Title VPD
Name: BURCH, FRED III
Address: 506 NW 1ST AVE
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: D
Name: WILLIS, DEVAN
Address: 4249 HAMILTON RD
City-St-Zip: LAKELAND FL 33811

Title: D
Name: WILLIAMS, GORDON
Address: 2119 LEBANON RD
City-St-Zip: NASHVILLE, TN 37210

Title: PD
Name: SMOOT, TOM
Address: 9111 KEN LOCK DR
City-St-Zip: LOUISVILLE, KY 40242

Title: D
Name: RICKEY, NORRIS
Address: 340 PINELLAS BAYWAY
City-St-Zip: SAINT PETERSBURG FL 33715

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRED BURCH III VPD 11/22/2013

Electronic Signature of Signing Officer or Director Date