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

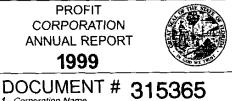
Mailing Address

PO BOX 1018

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business 7655 W. GULF TO LAKE HWY.. STE 11



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90065 002 ***150.00

C.R.C., INC.

CRYSTAL RIVER	R FL 34429	CRYSTAL RIVER FL 34423				DO NOT WRITE IN THIS SPA	CE		
U\$	US				3. Date Incorporated or Qualifed				
						04/04/1967		}	
Principal Place of Business 2a. Mailing Address						4. FEI Number	A	pplied For	
26						59-1197644	N	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State City & State						6. Election Campaign Financing	\$5.00	-May Be -	
23	•	8)						to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Intangit	ble .		
24	25	29	30			Personal Property Tax.		□No	
	9. Name and Address of Current					10. Name and Address of New Registered Age	nt		
				81	Name			ļ	
CRIST, DONALD				82 Street Address (P.O. Box Number is Not Acceptable)					
	W GULF TO LK HWY				Street Address (P.O. Box Number is Not Acceptable)				
CRY	Stal River, Fl			83	3				
3442	<u>!</u> 9						e Tin	Cado	
				84	City	FL ⁸	3 Zip	Code	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the al	oove	named corp	poration submits this statement for the purpose of char	nging it	s registered	
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was au	ıtno⊓zed	l by t	he corporati	on's board of directors. I hereby accept the appointme	ent as r	egisterea	
SIGNATURE	Signature, typed or printed name of registered agent a	ANOTE:	Basistarad	Agent	nionature require	ed when reinstating) DATE			
12.	OFFICERS AND		13.	-yan	signature require	ADDITIONS/CHANGES TO OFFICERS AND D	IRECT	DRS IN 12	
TITLE	PD	☐ DELETE	1,1 70	LE.			Change	☐ Addition	
NAME	CRIST, DONALD		1.2 NA						
STREET ADDRESS	7655 W GULF TO LK HWY		1 3 STREET ADDRESS		ANDRESS			1	
	CRYSTAL RIVER, FL 00000		1.4 CITY-ST-ZIP					}	
CITY-ST-ZIP	STD DELETE		2.1 TITLE		-211		Change	Addition	
	— — — — — — — — — — — — — — — — — — —		2.2 NAME		Ì	_	·	_	
NAME	CRIST, JOANN				+DDD500				
STREET ADDRESS				2.3 STREET ADDRESS				ľ	
CITY-ST-ZIP	CRYSTAL RIVER, FL 00000		2.4 CITY-ST-ZIP 3.1 TITLE		-ZIP		Change	Addition	
TITLE		□ velete							
NAME				WE				}	
STREET ADDRESS			1		ADDRESS			,	
CITY-ST-ZIP		C BCI ETC	_	TY-ST	- ZIP		Change	Addition (
TITLE		☐ DELETE	4.1 111			Ц	Change	(radioont	
NAME			4. 2 N		1				
STREET ADDRESS					ADDRESS			Ì	
CITY-ST-ZIP		Florens		TY-ST	ZIP		Change	Addition	
TITLE		☐ DELETE	5.1 TF			Ц	Citalige	[_] Mudidoli [
NAME			5.2 NA		ADDDCCC				
STREET ADDRESS	1				ADDRESS			l	
CITY-\$T-ZIP				TY-ST	- 412		Change	Addition	
TITLE		☐ DELETE	6.1 TT		1	لــا	Change	[_] vaninou	
NAME			6.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	<u> </u>		-	TY-ST				<u> </u>	
44 Lboroby c	actiful that the information eupplied with	this filing does not qualify for	the ever	mntic	on stated in	Section 119.07(3)(i), Florida Statutes. I further certify t	nat the	intormation	

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.