

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 348134 (8)

1. Corporation Name

CRESCENT FINANCIAL INC



Principal Place of Business

Mailing Address

645 RIVERSIDE AVE., #460 (ZIP CODE 32204)  
P. O. BOX 4488  
JACKSONVILLE FL 32201

645 RIVERSIDE AVE., #460 (ZIP CODE 32204)  
P. O. BOX 4488  
JACKSONVILLE FL 32201

3. Date Incorporated or Qualified

06/18/1969

3a. Date of Last Report

03/16/1995

2. Principal Place of Business

2a. Mailing Address

21 601 II Riverside Avenue

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 460

27

City & State

City & State

23 Jacksonville, FL

28

Zip Country

Zip Country

24 32204

25 Duval

29

30

4. FEI Number

59-0548215

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VARN, LESTER JR.  
645 RIVERSIDE AVE.  
#460  
JACKSONVILLE FL 32204

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 PD ☐ DELETE

NAME VARN, LESTER, JR.  
STREET ADDRESS 645 RIVERSIDE AVE., #460  
CITY-STATE-ZIP JACKSONVILLE FL

TITLE VSD ☐ DELETE

NAME VARN, GEORGE W.  
STREET ADDRESS 645 RIVERSIDE AVE., #460  
CITY-STATE-ZIP JACKSONVILLE FL

TITLE ST ☐ DELETE

NAME VARN, WILLIAM L., III  
STREET ADDRESS 645 RIVERSIDE AVE., #460  
CITY-STATE-ZIP JACKSONVILLE FL

TITLE ST ☐ DELETE

NAME VARN, GEORGE W., JR.  
STREET ADDRESS 645 RIVERSIDE AVE., #460  
CITY-STATE-ZIP JACKSONVILLE FL

TITLE AS ☐ DELETE

NAME YOUNG, BARBARA W.  
STREET ADDRESS 645 RIVERSIDE AVE. 460  
CITY-STATE-ZIP JACKSONVILLE FL

TITLE AS ☐ DELETE

NAME VARN, MERILL  
STREET ADDRESS 645 RIVERSIDE AVE #460  
CITY-STATE-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

STD

ASTD

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(k), 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:

LESTER VARN, JR.

March 6, 1996 904/356-4881

Date Daytime Phone #

CR2E034 (12/95)