FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Mar 11 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 # **348134** **(8)**

1. Corporation Name
CRESCENT FINANCIAL INC

Principal Place of Business
801 N RIVERSIDE AVENUE
SUITE 460
JACKSONVILLE FL 32204
US

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

3. Date Incorporated or Qualified: **06/18/1969**
3a. Date of Last Report: **03/12/1996**

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

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

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] 3/6/97
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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VARN, LESTER, JR.		1.2 NAME	
STREET ADDRESS	645 RIVERSIDE AVE., #460		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VARN, GEORGE W.		2.2 NAME	
STREET ADDRESS	645 RIVERSIDE AVE., #460		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	VARN, WILLIAM L., III		3.2 NAME	
STREET ADDRESS	645 RIVERSIDE AVE., #460		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	
TITLE	ASTD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	VARN, GEORGE W., JR.		4.2 NAME	
STREET ADDRESS	645 RIVERSIDE AVE., #460		4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	
TITLE	AS	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	YOUNG, BARBARA W.		5.2 NAME	
STREET ADDRESS	645 RIVERSIDE AVE. 460		5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	VARN, MERILL		6.2 NAME	
STREET ADDRESS	645 RIVERSIDE AVE #460		6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILL FL		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: [signature] ELECTRONICALLY FILED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #