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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

93 FEB -7 PM 4:57

DOCUMENT # 616547

(6)

1. Corporation Name

CRISP & ASSOCIATES, INC.

Principal Place of Business

9452 PHILLIPS HWY #6
JACKSONVILLE FL 32256

Mailing Address

9452 PHILLIPS HWY #6
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/05/1979

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2267353

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees 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

21 408 Chipley Pl. W.

2a. Mailing Address

26 408 Chipley Pl. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Jacksonville, FL 32259

27 City & State

28 Jacksonville, FL 32259

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BOND, CHARLES GUY
1800 FLORIDA NATIONAL BANK TOWER
225 WEST WATER ST.
JACKSONVILLE FL 32202

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 date if applicable.

(NOTE: Registered Agent signature required when naming)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	CRISP, DANIEL T III
STREET ADDRESS	9452 PHILLIPS HWY #6
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	S
NAME	CRISP, DANIEL T., III
STREET ADDRESS	9452 PHILLIPS HWY #6
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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	408 Chipley Pl. W.
1.4 CITY-ST-ZIP	Jacksonville, FL 32259
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	408 Chipley Pl. W.
2.4 CITY-ST-ZIP	Jacksonville, FL 32259
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	

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 submitted on this annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, checked, or on an attachment with an address.

SIGNATURE:

DANIEL T. CRISP, III

1-30-95 904 287-6778

Date

(Type Name)