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Jan 28 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 # 616547 (6)

1. Corporation Name:
CRISP & ASSOCIATES, INC.

Principal Place of Business
18 BEACHWOOD ROAD
FERNANDINA BEACH FL 32259
US

Mailing Address
P.O. BOX 6250
FERNANDINA BEACH FL 32035-6250
US



3. Date Incorporated or Qualified 04/05/1979
3a. Date of Last Report 07/03/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2267353	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Zip	Country	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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am

SIGNATURE _____ DATE _____
(Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	
NAME	CRISP, DANIEL T III	1.2 NAME	
STREET ADDRESS	18 BEACHWOOD ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	CRISP, DANIEL T., III	2.2 NAME	
STREET ADDRESS	18 BEACHWOOD ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-97 904-277-6967

Date Daytime Phone #

CR2E034 (9/96)