**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # (6)616547 CRISP & ASSOCIATES, INC. Principal Place of Business Mailing Address 18 BEACHWOOD ROAD P.O. BOX 6250 FERNANDINA BEACHM FL 32259 FERNANDINA BEACH FL 32035 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/05/1979 2. Principal Place of Business 2s. Mailing Address Applied For 59-2267353 Not Applicable \$8.75 Additional 6. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Hmelia Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes D No Nassau |29|...
Address of Current Registered Agent Nassa Personal Property Tax due June 30. 10. Name and Address of New Registered Agent BOND, CHARLES GUY 421 WSET FORSYTH ST. SLITTE DOG 83 JACKSONVILLE FL 32202 Zip Code 32250 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change TITLE 11 TITLE CRISP, DANKEL T-NI NAME 1.2 NAME 18 BEACHWOOD ROAD STREET ADDRESS 1.3 STREET ADDRESS <del>rernandina beach</del> fl 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Addition 2.1 TITLE Change CRISP, DANIEL T., III 48 BEACHWOOD ROAD STREET ADDRESS 2.3 STREET ADDRESS FERNANDINA-DEACH-FI 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3 1 TITLE Change NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE NAME €2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

14. Thereby certify that the information supplied with this filling 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 coreporation 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 changing or on an attachment with an addition.

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-7IP