

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:34

DOCUMENT # 855462 (8)

1. Corporation Name

CRISP REALTY CO.

Principal Place of Business

**P.O. BOX 1070
MARION IL 62959**

Mailing Address

**P.O. BOX 1070
MARION IL 62959**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/07/1983

3a. Date of Last Report

05/01/1994

4. FEI Number

37-6046041

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CRISP, HARRY L. II
OCEAN REEF CLUB, #HG-2, HARBOUR GREEN CONDO.
KEY LARGO FL 33037**

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 title if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BECKER, FRED
STREET ADDRESS	300 TOWER SQUARE PLAZA
CITY - ST - ZIP	MARION IL
TITLE	PTD
NAME	RAINS, JOHN
STREET ADDRESS	1817 TESTA DRIVE
CITY - ST - ZIP	MARION IL
TITLE	D
NAME	CRIS, HARRY L. I
STREET ADDRESS	P.O. BOX 1070 N/A
CITY - ST - ZIP	MARION IL
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	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	D
3.3 STREET ADDRESS	Crisp, Harry L., III
3.4 CITY - ST - ZIP	P.O. Box 1070 N/A Marion, IL 62959
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	

SIGNATURE:

John Rains President/Treasurer/Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/95
DATE

(618) 997-1377
TELEPHONE NUMBER