SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Jul 16 1996 8:00 am
Secretary of State

DOCUMENT # **F94000004090 (6)**

1. Corporation Name
CRIMSON ENTERPRISES, INC.

Principal Place of Business	Mailing Address
PO BOX 50185 ALBANY GA 31705	PO BOX 50185 ALBANY GA 31705

3. Date Incorporated or Qualified: **08/08/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **63-0728649** ☐ 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

RYTMAN, EDWARD JR
HATCHEE ROAD
BUILDING 10795
EGLIN AFB FL 32542

10. Name and Address of New Registered Agent

81 Name: Danny Bradford
82 Street Address (P.O. Box Number is Not Acceptable): 514 1/2 Cherokee Drive
83
84 City: Elgin AFB **FL** 85 Zip Code: 32542

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: Danny Bradford — 6-25-96
Signature, Type or Print 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	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	WEIDNER, CARL H		12 NAME	
STREET ADDRESS	PO BOX 50185	2401 ROSEBRIAR AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	ALBANY GA 31705	ALBANY, GA 31705	14 CITY-ST-ZIP	
TITLE	V	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	GERVASI, GENE	6640 TEAL DRIVE	22 NAME	
STREET ADDRESS	PO BOX 50185	BONANZA, OREGON	23 STREET ADDRESS	
CITY-ST-ZIP	ALBANY GA 31705	97623	24 CITY-ST-ZIP	
TITLE	S	☒ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	POWELL, ROBERT		32 NAME	
STREET ADDRESS	PO BOX 71628		33 STREET ADDRESS	
CITY-ST-ZIP	ALBANY GA 31707		34 CITY-ST-ZIP	
TITLE	S	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	HATCHER, DENISE		42 NAME	
STREET ADDRESS	P.O. BOX 50185	2401 ROSEBRIAR	43 STREET ADDRESS	
CITY-ST-ZIP	ALBANY, GA 31703-0185	31705	44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

7/16 JZ

Bank deposit $225.00

CR2E034 (3/96)

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Carl H Weidner — 6-24-96 — (912)4366591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #