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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F940
1. Corporation Name
CRIMSON ENTERPRISES, INC. F94000004090 (6)

FILED Feb 20 1998 8:00am Secretary of State

| Onlive | ON ENTE | .ricn | 10L0, 1110. | | | | - | | | | |
|--------------------------------|---|--------------------|--|-------------------------------|--------------------------|--|--------------------|--------------------|-----------------------------------|---------------------------|--|
| Principal Plac | e of Busines | SS | | N | failing Ad | idress | | | | | |
| PO BOX 5018 | | | | | PO BOX ! | | | | | | |
| ALBANY GA | 31705 | | | 4 | ALBANY (| SA 31705 | | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | | | | 3. Date Incorporated or Qualified | | |
| | | | | | | | | | | | 08/08/1994 |
| 2. Principal Place of Business | | | | | . Mailing | Address | | | | | 4. FEI Number Applied For |
| 21 | p Country 25 Name and Address of Curre BRADFORD, DANNY 514 1/2 CHEROKEE DR. EGLIN AFB FL 32542 Pursuant to the provisions of Sections 607.05 agent. I am familiar with, and accept the oblinature Signature, typed or printed name of registered a OFFICERS AI WEIDNER, CARL H 2401 ROSEBRIAR AVE. ALPANY CA 24705 | | 26 | | | | | | | 63-0728649 Not Applicable | |
| Suite, Apt. | #, etc. | | | | Suite, / | Apt. #, etc. | | | | | 5. Certificate of Status Desired S8.75 Additional |
| 22 | | | | | 27 | | | | | | 5. Certificate of Status Desired Fee Required |
| City & State | | | | | City & State | | | | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | | | | Zip Country | | | | | | Trust Fund Contribution Added to Fees |
| Zip | | | | 1== | | | | | у | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. |
| 24 | | | | | 29 30 | | | | | | 10. Name and Address of New Registered Agent |
| | | | | | r rightering Uhailt | | | | ı T | Name | The second distribution of the second of the |
| | | | | | | | | | 上 | | |
| | | | | | ادنس | UNKED . | ار | 82 | ٔ [ٔ | Street Addre | ess (P.O. Box Number is Not Acceptable) |
| ECCUTATE TE CESTE | | | | PREPAREN | | 1KIN | 83 | 1 | | | |
| | | | N | PREPARED LY MAULDIN & JENK | | | | 1 | O4. | Leel 70 Octo | |
| İ | | | | • | • | | | 84 | ' ' | City | FL 85 Zip Code |
| 11. Pursuant | to the provis | sions o | Sections 607.0 | 502 and 6 | 607.1508 | , Florida Statu | ites, th | e abov | e-r | named corpo | oration submits this statement for the purpose of changing its registered |
| office or i | regi s tered aç ım fa miliar w | gent, d ith, an | or both, in the Sta od accept the obl | te of Flor igations o | ida. Such of, Section | i change was n 607.05 0 5, F | autnor Iorida : | nzed b Statute | y II IS | he corporation | ion's board of directors. I hereby accept the appointment as registered |
| SIGNATURE | | | | • | | | | | | | |
| · | Signature, typed | or print | | | | e. (NO | | | ent | signature require | ed when reinstating) DATE |
| 12. | T T | | OFFICERS A | ND DIRE | CTORS | DELETE | _ | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | WEIDNE | R C | ADI H | | | ☐ DECE IE | | ,1 TITLE | | | Change C Adomon |
| NAME | | | | | | | | .2 NAME | | | |
| STREET ADDRESS | | | | | | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP TITLE | | - | 01100 | | - | DELETE | | A CHY- | SI - / | ZIP | ☐ Change ☐ Addition |
| | GERVAS | SI. GE | :NE | | | occene | | 2 NAME | | | El otaligo El risation |
| STREET ADDRESS 6640 TEAL D | | | | 1 | | | 1 | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | BONANZA OD 07000 | | | | | | | . 4 CITY- | | | |
| TITLE | 8 | | | | | DELETE | | I TITLE | <u> </u> | .e.r | Change Addition |
| NAME | HATCHE | ER, D | enise | | | | | 2 NAME | | | |
| STREET ADDRESS | | | RIAR AVE. | | | | - 1 | .3 STREE | T AD | ODRESS | |
| CITY-ST-ZIP | ALBANY | 31705 | | | | | | ST- | | | |
| TITLE | | | - | | | DELETE | - | .1 TITLE | <u></u> | | Change Addition |
| NAME | | | | | | | 4 | . 2 NAME | | | |
| STREET ADDRESS | | | | | | | 4. | .3 STREE | T AD | XORESS | |
| CITY-ST-ZIP | | | | | | | 4. | A CITY-S | <u>ST-</u> 2 | ZIP | |
| TITLE | | | | | DELETE | | | 5.1 TITLE | | | Change Addition |
| NAME | | | | | | | 5. | 2 NAME | | | |
| STREET ADDRESS | | | | | 5. | .3 STREET | T AD | DAESS | | | |
| CITY-ST-ZIP | | | | | | | 5. | A CITY-S | ST - 2 | ZIP | |
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| NAME | | | | | | | 6. | 2 NAME | | | |
| STREET ADDRESS | | | | | | | 6. | .3 STAEE1 | T AD | DRESS | |
| CITY-ST-ZIP | | | | | | | 6 | 4 CITY-S | ST-2 | ZIP | |

14. I 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 employed 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 on an attachment with in agrirege