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PROFIT CORPORATION ANNUAL REPORT

1998



FLORI<mark>DA DE</mark>PARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700002529 (2)

CRESCENT RESOURCES, INC.

Principal Place of Business

Mailing Address

FILED May 14 1998 8:00am Secretary of State



400 SOUTH TRYON STREET 400 SOUTH TRYON STREET CHARLOTTE NC 28201-1003 **CHARLOTTE NC 28201-1003** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/09/1997 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Numbe 21 26 57-0443582 Not Applicable Suite, Apt. #, etc. Suite Ant # etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country 20 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due Jurie 30 X Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WILLIAMS, DAVID B 220 S FRANKLIN STREET 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33602** R3 **B4** City 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 (NOTE Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TR. Change ČĎ DELETE TITLE 1.1 TO LE LOMAX, HENRY C. RANSON, RICHARD C NAME 1.2 NAME 400 SOUTH TRYON STREET 400 SOUTH TRYON STREET STREET ADDRESS 1.3 STREET ADDRESS CHARLOTTE NC NC 28201 CITY-ST-ZIP 14 CITY-ST-ZIP TITLE DELETE 21 THLE JAMES M., JR. FIELDS, A W NAME 2.2 NAME 400 SOUTH TRYON STREET **400 SOUTH TRYON STREET** STREET ADDRESS 2.3 STREET ADDRESS CHARLOTTE NC 28201 CITY-ST-ZIP 2 4 CHY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition JOLLY JR, R A NAME 3.2 NAME **422 SOUTH CHURCH STREET** STREET ADDRESS 3.3 STREET ADDRESS CHARLOTTE NO CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change 4.1 TITLE Addition MCGEE, R W NAME 4. 2 NAME 400 SOUTH TRYON STREET STREET ADDRESS 4.3 STREET ADDRESS CHARLOTTE NC CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME **BOST. RONALD M** 5.2 NAME **400 SOUTH TRYON STREET** STREET ADDRESS 5.3 STREET ADDRESS **CHARLOTTE NC** CITY-ST-ZIP 5.4 CITY - ST - ZIE DELETE TITLE 6.1 TITLE Addition BYERS, F A NAME 6.2 NAME **400 SOUTH TRYON STREET** STREET ADDRESS 6.3 STREET ADDRESS CHARLOTTE NO CITY-ST-ZIP 6.4 CITY-ST-ZIP

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 of supplience state and accurate and that my signature shall have the same legal effect as if made under eath; 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 13 if changes, or or an attachment with an address.

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