## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 25, 1999 8:00am

**Secretary of State** 

01-25-1999 90021 043 \*\*\*150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # G28682

3300 S. PLEASANT GROVE ROAD

**INVERNESS FL 34451** 

STREET ADDRESS

CRYSTAL RIVER BANK

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Principal Place	e of Business	Mailing Address									f
P.O.BOX 607		P.O.BOX 607						•			
865 NE HIGHWAY 19 CRYSTAL RIVER FL 32629		865 NE HIGHWAY 19 CRYSTAL RIVER FL 32629				DO NOT WRITE IN THIS SPACE					
CHISTAL RIVE	L LT 35059	CHISIAL HIVEN FL 32023	•		•	3 Date Inco	orporated or Qu			<del></del>	
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	(D. )	2- Mailine Address				4. FEI Num				,   An	plied For
	lace of Business	2a. Mailing Address				1				<u> </u>	
	E Hwy 19	26 PO Box 607				59-070	0990	<del></del> -	•		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate	e of Status Des	ired [		5.73 A Fee Re	Additional
22		27				1					
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	al River, FL	28 Crystal Riv				<del> </del>	nd Contribution				to Fees
Zip	Country	Zip	Cou	•			oration owes the	ne current			
<b>24</b> 34429	25 USA	29 34423	30	USA			Property Tax.		<u> </u>		□No
	9. Name and Address of Current	Registered Agent		<b>64</b>   55		10. Name ar	nd Address of	New Regi	stered Agen	ıt .	
OUR	IAC BROWN ID			<b>81</b> Na	ime						
	IAS, BROWN JR			82 Str	eet Addres	ss (P.O. Box N	lumber is Not A	cceptable	)		
	SOUTH GARDENIA TERRACE							. • >> > + # #	en en la	<u> </u>	51641 <u>8/25544</u>
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11. Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statu	tes, the al	pove-nar	ned corpoi	ration submits	this statement	for the pur	pose of chan	ging its	registered
					corporation	n's board of dire	ectors. I hereby	accept th	e appointme	nt as re	gistered
GOGagent⊞ a	m familiar with, and accept the obligation	ons of, Section 607.0505; Fig	orida Stati	ites.							
SIGNATURE		AIOTI	. Degistered	Amount nimon	turo constraint	when rejectating\	1 m. 1		DATE		
`~	Signature, typed or printed name of registered agent			Agent signa	nture required v		IS/CHANGES		DATE FRS AND DI	RECTO	
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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 empowered 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 an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

January 5, 1999