

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

**APPROVED AND FILED**

**MAY 11 AM 11:05**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Candice B. Merriman  
Secretary of State  
1995**

**DOCUMENT # G71368 (6)**

**CRESCORP MANAGEMENT CORPORATION**

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business		2a. Mailing Address	
134 16TH AVE SOUTH P.O. BOX 2437 NAPLES FL 33940		134 16TH AVE SOUTH P.O. BOX 2437 NAPLES FL 33940	
2. Principal Place of Business	2b. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	11/21/1983	04/19/1994
22	27	4. FEI Number	Applied For
City & State	City & State	59-2480439	Not Applicable
23	28	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	<input type="checkbox"/>	
24	25	29	30
City & State	City & State	City & State	City & State

4. FEI Number	Applied For
59-2480439	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. This corporation has liability for franchise tax under § 190.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LYTLE, JAMES A. JR. 134 16TH AVE SOUTH NAPLES FL 33940				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 607.011(7) 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 607.1505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN:	
1. TITLE	DP	1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	LYTLE, JAMES JR. A.	2. NAME	
3. STREET ADDRESS	134 16TH AVE SOUTH	3. STREET ADDRESS	
4. CITY & STATE	NAPLES, FL 00000	4. CITY & STATE	33940
5. TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY & STATE		8. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE		9. TITLE	
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE		13. TITLE	
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY & STATE		16. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.032(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if executed under oath. That I am an officer or director of the corporation or the manager or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 2, of this report, or on an attachment with an address.

SIGNATURE: *James A. Lytle Jr.* DATE: *May 5, 1995* *513-262-0566*