

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

DOCUMENT # J15599 (0)

1. Corporation Name

CRYSTAL COMMUNICATIONS & ELECTRONICS, INC.



Principal Place of Business

Mailing Address

P. O. BOX 61692
426 S. EDGEWOOD AVE.
JACKSONVILLE FL 32206

P. O. BOX 61692
426 S. EDGEWOOD AVE.
JACKSONVILLE FL 32206

3. Date Incorporated or Qualified
05/21/1986

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 426 S. Edgewood Ave.

26 P.O. Box 61692

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Jacksonville FL.

28 Jacksonville FL.

24 32254

Country

29 32205

Country

4. FEI Number
59-2663308

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

10. Name and Address of New Registered Agent

WILDS, WILLIAM C
5817 BRYNER DR.
426 S. EDGEWOOD AVE.
JACKSONVILLE FL 32244

81 Name William C. Wilds
82 Street Address (P.O. Box Number is Not Acceptable)
5044 French St.
83
84 City Jacksonville FL 85 Zip Code 32205

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

Signature, typed or printed name of registered agent and title, if applicable

(If 0115 Registered Agent signature required, when registered agent is not the corporation, sign here)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	P WILDS, WILLIAM C.	426 S. EDGEWOOD AVE	JACKSONVILLE FL	<input type="checkbox"/>
	VPT SAPP, W.J., JR.	6481 RIVER POINT DRIVE	GREEN COVE SPR. FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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: William C. Wilds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-4-96 904-384-8818
By: [Signature] Date: [Signature]

CR2E034 (3/96)