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

Mailing Address من

% PARK CRRISP

616 30TH AVENUE. EAST

2a. Mailing Address

26

**BRADENTON FL 34208-3724** 

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

4. 野菜 4. 美丽

12/09/1986

59-2746803

4. FEI Number

DOCUMENT # J47164

PARK CRISP, INC.

Principal Place of Business

616 30TH AVENUE. EAST

**BRADENTON FL 34208-3724** 

2. Principal Place of Business

% PARK CRRISP

21

## FILED Feb 10, 1999 8:00am Secretary of State

02-10-1999 90071 011 \*\*\*150.00

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	and the safe .	ie.		
	DO N	IOT WRITE	IN THIS SPACE	
3. Date	e Incorporated or	Qualifed		, , ,

Applied For

Not Applicable

Suite, Apt.	uite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additiona											
22		27			5. Certificate of Status Desired	Fee Re	equired										
City & State City & State				6. Election Campaign Financing	\$5.00	May Be											
23	28				Trust Fund Contribution	Added t	to Fees										
Zip	Country	Zip	Zip Country		8. This corporation owes the current year Intangible												
24	25	29	30		Personal Property Tax.	Yes	□No										
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New R	egistered Agent											
٠	•		81	Name													
CRISP, PARK 8821 12TH AVE N.W. BRADENTON FL 34209				82 Street Address (P.O. Box Number is Not Acceptable) 83													
												•					
													84	City	18 12 N 15 (13 + Q10 U +	57.5	Code 1881 1981
11 Directort	to the provisions of Sections 607.050	22 and 607 1509 Florida Statute	as the above	named com	poration submits this statement for the	purpose of changing its	ranietarad										
office or n	egistered agent, or both, in the State	of Florida, Such change was at	uthorized by	the corporation	on's board of directors. I hereby accept	t the appointment as re	gistered										
⊟, 'agent: I ai	m familiar with, and accept the obliga	itions of, Section 607.0505, Floi	rida Statutes														
SIGNATURE																	
	Signature, typed or printed name of registered age			t signature require	d when reinstating); **(**********************************	DATE											
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF												
TITLE	PTD	☐ DELETE	1.1 TITLE		4.7.50	Change	☐ Addition										
NAME	CRISP, PARK P.		1.2 NAME			•											
STREET ADDRESS	923 78TH ST. N. W.		1.3 STREET	ADDRESS													
CITY-ST-ZIP	BRADENTON FL		1.4 CITY-\$1	-ZIP													
TITLE	S	☐ DELETE	2.1 TITLE			Change	Addition										
NAME	CRISP, TERRI A.		2.2 NAME														
STREET ADDRESS	923 78TH ST. N.W.		2.3 STREET	ADDRESS													
CITY-ST-ZIP	BRADENTON FL		2.4 CITY-S	T- ZIP													
TITLE		DELETE	3.1 TITLE			☐ Change	☐ Addition										
NAME			3.2 NAME														
STREET ADDRESS			3.3 STREET	ADDRESS													
CITY-ST-ZIP	•		3.4. CITY-S														
TITLE		DELETE	4.1 TITLE			Change ;	• Addition										
NAME			4. 2 NAME														
STREET ADDRESS		i e	4.3 STREET	ADDRESS			, ,										
CITY-ST-ZIP			4.4 CITY-ST			•											
TITLE		□ DELETE	5.1 TITLE	* £11		☐ Change	· Addition										
NAME			5.2 NAME														
STREET ADDRESS			5.3 STREET	ADDRESS	<b>&gt;</b>		٠										
	. :		5.4 CITY - S1		1. 4.45												
CITY-ST-ZIP		□ DELETE	6.1 TITLE	-247		☐ Change	Addition										
TITLE		□ DELETE	6.2 NAME			□ change											
NAME																	
STREET ADDRESS	· / /		6.3 STREET		·		(										
CITY-ST-ZIP		$\Delta \Delta$	6.4 CITY-ST														
A Lharahy c	artificiation that the information of mulicular	the hin fill a done not qualify for	the averanti	an atatad in C	Section 119 07(3)(i) Florida Statutes I	f at all a start											

I hereby certify that the information supplied with this filter 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 regions of the true and that my name appears in Block 12 or Block 13 if changed on an affactory in with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPEY ON PRINTED NAME OF SUNING OFFICER OR DIRECTOR

4/99 941-747-4249

CR2E034 (11/98)