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Apr 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K10793 (3)

1. Corporation Name
CRESCENT COVE WATER, INC.

Principal Place of Business
2121 WEST ARMY TRAIL ROAD
% HAMILTON D. UPCHURCH. P.O. BOX 3007
ADDISON IL 60101

Mailing Address
2121 WEST ARMY TRAIL ROAD
% HAMILTON D. UPCHURCH. P.O. BOX 3007
ADDISON IL 60101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 5850 Capo Island Road
Suite, Apt. #, etc.

2a. Mailing Address
26 5850 Capo Island Road
Suite, Apt. #, etc.

22 City & State
23 St. Augustine, FL
24 32095 25 St. Johns

27 City & State
28 St. Augustine, FL
29 32095 30 St. Johns

3. Date Incorporated or Qualified
01/06/1988

4. FEI Number
36-3575247
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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

UPCHURCH, HAMILTON D.
780 N. PONCE DE LEON BLVD.
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name
Bobby L. Jones
82 Street Address (P.O. Box Number is Not Acceptable)
5850 Capo Island Road
83
84 City
St. Augustine FL 85 Zip Code
32095

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 Bobby L. Jones

February, 1998

12. OFFICERS AND DIRECTORS

TITLE DP
NAME NELSON, FRANK J., SR.
STREET ADDRESS 2121 W ARMY TRL RD
CITY-ST-ZIP ADDISON IL

TITLE DS
NAME WYDEN, BEVERLY E
STREET ADDRESS 900 N STONE AVE
CITY-ST-ZIP LA GRANGE PARK IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME Bobby L. Jones
1.3 STREET ADDRESS 5850 Capo Island Road
1.4 CITY-ST-ZIP St. Augustine, FL 32095

2.1 TITLE DS
2.2 NAME Betsy J. Jones
2.3 STREET ADDRESS 5850 Capo Island Road
2.4 CITY-ST-ZIP St. Augustine, FL 32095

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE Betsy J. Jones

February, 1998 004/824 8880

CR2E034 (10/97)