

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90011 044 ***150.00

DOCUMENT # M67570
 1. Entity Name
CRYSTAL CONNECTION, INC.

Principal Place of Business Mailing Address
~~% DEBORAH A. MORNINGSTAR~~
~~7000 W. TENNESSEE STREET~~
 TALLAHASSEE FL 32304

2. Principal Place of Business 3. Mailing Address
1105 Apalachee Parkway
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tallahassee, Fla
 Zip Country Zip Country
32301 **Leon**

4. FEI Number Applied For
59-2876284 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MORNINGSTAR, DEBORAH A.
~~1802 CROWDER RD.~~
 TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent
 Name **Morningstar, Deborah A.**
 Street Address (P.O. Box Number is Not Acceptable) **112 Blue Heron Point**
 City **Havana** State **FL** Zip Code **32333**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE *[Signature]* **Deborah A. Morningstar** **3/20/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MORNINGSTAR, DEBORAH A.	
STREET ADDRESS	RT. 1, BOX 3145 →	
CITY-ST-ZIP	HAVANA, FL. 32333	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THOMPSON, SHERRILL C.	
STREET ADDRESS	RT. 1, BOX 3145 →	
CITY-ST-ZIP	HAVANA, FL. 32333	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morningstar, Deborah A.	
STREET ADDRESS	112 Blue Heron Point	
CITY-ST-ZIP	Havana, FL 32333	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thompson, Sherrill C.	
STREET ADDRESS	112 Blue Heron Point	
CITY-ST-ZIP	Havana, FL 32333	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.
 SIGNATURE: *[Signature]* **Deborah Morningstar** **3/20/00** **850-878-8500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)