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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000084565 (9)

CRESCENT COVE CREEK CORP.

| Principal Place of Business Mailing Address  |  |                                    |               |         |                     |   |                  |               |                       |
|--|--|------------------------------------|---------------|---------|---------------------|---|------------------|---------------|-----------------------|
| 28 FLAGLER BLUFF RUN FLGLER BEACH FL 32136 US  28 FLAGLER BLUFF RUN FLGLER BEACH FL 32136 US |  |                                    |               |         |                     |   |                  |               |                       |
| 03   |  | 03                                 |               |         |                     | 3. Date incorporated or Qualified 12/10/1993            | 1                | te of Last F  | Report                |
| 2, Principal   | 2. Principal Place of Business 2a. Mailing Address       |                                    |               |         |                     | 4. FEI Number   |                  |               | pplied For            |
| 21   |  | 26                                 |               |         |                     | 65-0460050  |                  |               | ot Applicable         |
| 22   | ot. # etc.   | Suite, Apt. #, etc.                |               |         |                     | 5. Certificate of Status Desired                        |                  |               | Additional<br>equired |
| City & St<br>23  | eate   | City & State                       |               |         |                     | Election Campaign Financing     Trust Fund Contribution |                  |               | May Be<br>to Fees     |
| Z)p  | Country 25   | Zip<br>29                          | 30 Co.        | untry   |                     | 8. This corporation has liability for Florida Statutes  | ntangible<br>Yes | _             | s. 1 <b>9</b> 9.032,  |
|  | 9. Name and Address of Cur                               | rent Registered Agent              |               |         |                     | 10. Name and Address of New Re                          | gistered A       | \gent         |                       |
| Gl   | reene, John H  |                                    |               | 81      | Name                |   |                  |               |                       |
| 81 BREEZE HILL LANE<br>PALM COAST FL 32137   |  |                                    |               | 82      | Street Addre        | et Address (P.O. Box Number is Not Acceptable)          |                  |               |                       |
| 17   | NUM CONSTITE SEIST                                       |                                    |               | 83      |                     | , <u></u> , , , , , , , , , , , , , , , , ,             | <del></del> ,    |               | <del></del>           |
|  |  |                                    |               | 84      | City                |   | FL               | <b>85</b> Zip | Code                  |
| 11. Pursuai  | nt to the provisions of Sections 607.0                   | 1502 and 607.1508, Florida Stati   | utes, the a   | bove    | named corp          | oration submits this statement for the p                | urpose of        | changing i    | its registered        |
| office o   | or registered agent, or both, in the St                  | ate of Florida, Such change was    | authorize     | d by    | the corporati       | on's board of directors. I hereby accep                 | ot the app       | ointment as   | registered            |
| SIGNATUR   |  | ga                                 | ionas ou      | iu.Du,  | '                   |   |                  |               |                       |
| SIGNATURI  | Segmanule, typical or printed name of registered         | agent and title if applicable. (NO | OTE Registere | d Agen  | t signature require | ed when reinstaling)                                    | DATE             |               |                       |
| 12.  |  | AND DIRECTORS                      | 13.           |         |                     | ADDITIONS/CHANGES TO OFFIC                              | ERS AND          |               |                       |
| THAT   | PD   | DELETE                             | 1.11          | ITLE    | ,                   |   |                  | Change        | Addition              |
| NAME   | NESMITH, GEORGE  |                                    | 1.2 N         | AME     |                     |   |                  |               |                       |
| STREET ADDRES  | J  |                                    | 1.3 \$        | TREET # | address             |   |                  |               |                       |
| CITY-ST-ZIP  | FLGLER BEACH FL  |                                    | 1.40          | ITY-ST  | - ZiP               |   |                  |               | ·                     |
| TULF   | VO   | DELETE                             | 2.1 ₹         | ITLE    | ]                   | _   | 1.0              | Change        | Addition              |
| NAME   | JONES, MALCOLM G   |                                    | 2.2 N         | AME     |                     | • .   | . ,120           |               |                       |
| STREET ADDRESS   | ( = 1 <del>2 =</del> = 1 = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                                    | 235           | TREET A | address             |   |                  |               |                       |
| CITY-ST-ZIP  | TALLAHASSEE FL 32308                                     |                                    | 2.40          | CITY-S1 | r-zip               |   |                  |               |                       |
| TITLE  | VSTD   | DELETE                             | 3,1 T         | ITLE    |                     |   |                  | ☐ Change      | Addition              |
| NAME   | GREENE, JOHN H   |                                    | 32 N          | AME.    |                     |   |                  |               |                       |
| STREET ADDRES  |  |                                    | 335           | TREET A | ADDRESS {           |   |                  |               |                       |
| CITY - ST - ZIP  | PALM COAST FL 32137                                      |                                    |               | ITY-S1  | T-ZIP               |   | ·                |               |                       |
| TITLE  |  | DELETE                             | 4.1 T         | TLE     |                     |   |                  | ☐ Change      | Addition              |
| NAME   |  |                                    | 4.21          | AME     |                     |   |                  |               |                       |
| \$TREET ADORES   | SS   |                                    | 4.3 S         | TREET A | ADDRESS             |   |                  |               |                       |
| CHY-\$1-207  |  |                                    | ***           | ITY-ST  | - ZIP               |   |                  |               |                       |
| T:TLF  |  | <b>DELETE</b>                      | 5.1 T         | ITLE    |                     |   |                  | Change        | Addition              |
| NAME   | ļ  |                                    | 52 N          | IAME    | ļ                   |   |                  |               |                       |
| STREET ADDRES  | 35   |                                    | 5.3 \$        | TREET A | ADORESS             |   |                  |               |                       |
| CHY-ST-ZIP   | <u> </u>   |                                    | 5.4 C         | ITY-ST  | - ZIP               |   |                  |               |                       |
| TITLE  |  | DELETE                             | 6.1 T         | ITLE    | 1                   |   |                  | Change        | Addition              |
| NAME   | 1  |                                    | 6.2 N         | AME     | 1                   |   |                  |               |                       |
| STREET ADORES  | is   |                                    | 6.3 S         | TREET A | ADDRESS             |   |                  |               |                       |
| CHTY-S1-ZIP  | 1  |                                    | 6.4 C         | ITY-ST  | - ZiP               |   |                  |               |                       |

14. I do 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:

7-97 404-439-030

**FILED** 

Apr 14 1997 8:00am

Secretary of State