

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90030 030 ***150.00

DOCUMENT # P93000084565

1. Corporation Name
CRESCENT COVE CREEK CORP.



Principal Place of Business

Mailing Address

~~20 FLAGLER BLUFF RUN~~
FLAGLER BEACH FL 32136
US

~~20 FLAGLER BLUFF RUN~~
FLAGLER BEACH FL 32136
US

DO NOT WRITE IN THIS SPACE

20 CREEK BLUFF RUN 20 CREEK BLUFF RUN

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 FLAGLER BEACH, FL
23 32136 FLAGLER
24 Zip Country
25

26 Suite, Apt. #, etc.
27 FLAGLER BEACH FL
28 32136 FLAGLER
29 Zip Country
30

3. Date Incorporated or Qualified

12/10/1993

4. FEI Number

65-0460050

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENE, JOHN H
81 BREEZE HILL LANE
PALM COAST FL 32137

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME NESMITH, GEORGE
STREET ADDRESS 28 CREEK BLUFF RUN
CITY-ST-ZIP FLAGLER BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME JONES, MALCOLM G
STREET ADDRESS 2332 BOURGOGNE DR.
CITY-ST-ZIP TALLAHASSEE FL 32308

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VSTD
NAME GREENE, JOHN H
STREET ADDRESS 81 BREEZE HILL LANE
CITY-ST-ZIP PALM COAST FL 32137

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *George A. Nesmith*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99 904-439-0355
Date Daytime Phone #

CR2E034 (11/98)