

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000078503 (7)

1. Corporation Name

CRISHER CONSTRUCTION, INC.

Principal Place of Business

225 N. 14TH STREET
FERNANDINA BEACH FL 32034

Mailing Address

225 N. 14TH STREET
FERNANDINA BEACH FL 32034

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22

City & State

23

27 City & State

24

Zip

25

Country

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

CRISHER, STANLEY J
225 N. 14TH STREET
FERNANDINA BEACH FL 32034

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	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISHER, STANLEY J		1.2 NAME	
STREET ADDRESS	225 N. 14TH STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		1.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISHER, GRACIE G		2.2 NAME	
STREET ADDRESS	2059 OAK MARSH DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		2.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISHER, JAMES N		3.2 NAME	
STREET ADDRESS	2059 OAK MARSH DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034		3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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:

4/8/98 904-261-2852

CR2E034 (10/97)