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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000073784 (5)

CRYSTAL SPRINGS DEVELOPMENT, INC.

FILED Feb 12 1998 8:00am Secretary of State



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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------|----------------------|-------------------------------------------------------|--------------------------------------------------------|--------------------------------------------|
| Principal Place of Business Mailing Address | | | | | | SANGE UNIN TOOM! (BIT) SIN 1681 |
| 3840 CROWN POINT ROAD 3840 CROWN POINT ROAD | | | ROAD | | | |
| JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 | | | 257 | | DO NOT WRITE IN THIS SPACE | |
| | | | | | 3. Date Incorporated or Qualified | 3 SPACE |
| | | | | | 08/26/1997 | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | Applied For |
| 21 | 26 | | | | 59-34641 6 4 | Not Applicable |
| Suite, Apt. #, etc | | | | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 | SUITE H 27 SUI | | TEA | <u> </u> | C. Cermicate of Otatos Desireo | Fee Required |
| City & State 23 28 | | City & State | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | | 8. This corporation owes or has paid the | |
| 24 | 25 29 30 | | 30 | | Personal Property Tax due June 30. | Yes No |
| | 9. Name and Address of Curre | nt Registered Agent | | | 10. Name and Address of New Registers | d Agent |
| KNOWLES, MARK A 81 N | | | | | | |
| 3840 CROWN POINT ROAD, SUITE A JACKSONVILLE FL 32257 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 13 | | |
| | | | | 13 | | |
| Ì | | | Ī | 4 City | | 85 Zip Code |
| ## Diversed | to the provisions of Postions 607 Oct | 22 and 607 1609 Florida Ptal | utas the shi | vice named cor | noration submits this statement for the nurses | of shanning its registered |
| 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registroffice 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 register agent I am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes. | | | | | | |
| | | | | | | |
| SIGNATURE | Signature, typod or printed name of registered ag | ent and billo if applicable (N | O1t Registered | Agent signature requ | Fred when reinstating) | |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTORS IN 12 |
| TITLE | DP . | ☐ DELETE | 1.1 7(7). | E | | ☐ Change ☐ Addition |
| NAME | COLLINS, J D | | 1.2 NAN | E | | į. |
| STREET ADDRESS | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32257 | | | -ST-ZIP | | |
| THTLE | VT DELETE | | 21 TITL | - 1 | | ☐ Change ☐ Addition |
| NAME | KNOWLES, MARK A | | 2.2 NAV | ì | | |
| STREET ADDRESS | JACKSON BULE EL BOSET | | 1 | ET ADDRESS | | |
| CITY-ST-ZIP TITLE | VS | DELFTE | 2. 4 CII 3.1 TITL | (-ST-ZIP | | Change Addition |
| NAME | HOLLAND, BEVERLY J | Dett it | 3.2 NAM | į. | | The standard The standard I |
| STREET ADDRESS | 3840 CROWN POINT ROAD | | | ET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32257 | | | r-ST-ZIP | | |
| TITLE | | DELETE | 4.1 Tills | | | ☐ Change ☐ Addition |
| NAME | | | 4. 2 NA | AE | | |
| STREET ADDRESS | | | 4.3 STR | ET ADDRESS | | 1 |
| CITY-ST-ZIP | | | 4.4 CITY | -ST-ZIP | | |
| TITLE | | ☐ DELFTE | 5.1 TITE | | | Change Addition |
| NAME | | | 5.2 NAM | E | | |
| STREET ADDRESS | | | 5.3 STA | ET ADDRESS | | j |
| CITY-ST-ZIP | | T | | -ST-ZIP | | |
| TITLE | | DELETE | 6.1 TITL | | | Change Addition |
| NAME | | | 6.2 NAM | | | ; |
| STREET ADDRESS | | | | ET ADDRESS | | |
| CITY-ST-ZIP | | | 64 CITY | -ST-ZIP | | |

14. Thereby 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 products.

MARK A KNOWLES TREASITERS

SIGNATURE:

MARK A. KNOWLES, TREASURER **JANUARY 20, 1998**

904-268-8500