FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:57

DOCUMENT # S39977 (1)

1. Corporation Name
CRISP BROTHERS, INC.

Principal Place of Business
9452 PHILLIPS HWY., STE. 6
JACKSONVILLE FL 32256

Mailing Address
9452 PHILLIPS HWY., STE. 6
JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/22/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 9210 Cypress Green Dr
Suite, Apt. #, etc.
22 Jacksonville,FL32256
City & State
23
Zip 24 32256
Country 25 Duval

2a. Mailing Address
26 9210 Cypress Green Dr.
Suite, Apt. #, etc.
27 Jacksonville, FL32256
City & State
28
Zip 29 32256
Country 30 Duval

4. FEI Number: 59-3091598 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
SMITH, HULSEY & BUSEY
225 WATER STREET
SUITE 1800
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
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 resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1 TITLE	☑ Change ☐ Addition
NAME	CRISP, DANIEL T III	1.2 NAME	
STREET ADDRESS	9452 PHILLIPS HWY., #6	1.3 STREET ADDRESS	9210 Cypress Green Dr.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	DVP	2.1 TITLE	☑ Change ☐ Addition
NAME	CRISP, DALE K	2.2 NAME	
STREET ADDRESS	9452 PHILLIPS HWY., #6	2.3 STREET ADDRESS	9210 Cypress green Dr.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	DVP	3.1 TITLE	☑ Change ☐ Addition
NAME	CRISP, DARRYL W	3.2 NAME	
STREET ADDRESS	9452 PHILLIPS HWY #6	3.3 STREET ADDRESS	9210 Cypress Green Dr.
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	DVP	4.1 TITLE	☑ Change ☐ Addition
NAME	CRISP, DAVID K	4.2 NAME	
STREET ADDRESS	9452 PHILLIPS HWY., #6	4.3 STREET ADDRESS	9210 Cypress Green Dr.
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 is an attachment with an addition.

SIGNATURE: _____ 1-17-94 904-287-6778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DANIEL T. CRISP III

0021731 CP