

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

FILED

Apr 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **S39977** (1)
1. Corporation Name
CRISP BROTHERS, INC.

Principal Place of Business
**18 BEACHWOOD RD
AMELIA ISLAND FL 32034
US**

Mailing Address
**P.O. BOX 6250
AMELIA ISLAND FL 32035**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1 Wax Myrtle Suite, Apt. #, etc. 22 City & State 23 Amelia Is, FL Zip 24 32034		2a. Mailing Address 26 1 Wax Myrtle Suite, Apt. #, etc. 27 City & State 28 Amelia Is, FL Zip 29 32034		3. Date Incorporated or Qualified 03/22/1991	
25 Nassau		30 Nassau		4. FEI Number 59-3091598 Applied For Not Applicable	
9. Name and Address of Current Registered Agent SMITH, HULSEY & BUSEY 225 WATER STREET SUITE 1000 JACKSONVILLE FL 32202		10. Name and Address of New Registered Agent 81 Name Guy Bond 82 Street Address (P.O. Box Number is Not Acceptable) Patterson, Bond & Latshaw 83 3010 South Third St 84 City Jax Beach 85 Zip Code FL 32250		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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]**, J.P. **4-1-98**
Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISP, DANIEL T III	1.2 NAME	
STREET ADDRESS	18 BEACHWOOD RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISP, DALE K	2.2 NAME	
STREET ADDRESS	18 BEACHWOOD RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	2.4 CITY-ST-ZIP	
TITLE	DVP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISP, DARRYL W	3.2 NAME	CRISP, Darryl W.
STREET ADDRESS	18 BEACHWOOD RD	3.3 STREET ADDRESS	1 Wax Myrtle
CITY-ST-ZIP	AMELIA ISLAND FL 32034	3.4 CITY-ST-ZIP	Amelia Is, FL 32034
TITLE	DVP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISP, DAVID K	4.2 NAME	
STREET ADDRESS	18 BEACHWOOD RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	CRISP, Allison
STREET ADDRESS		5.3 STREET ADDRESS	1 Wax Myrtle
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Amelia Is, FL 32034
TITLE		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: **Allison R Crisp** **Allison R Crisp** **3/10/98** **904-277-6967**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 904/761

CR2E034 (10/97)