

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 205922

Entity Name: CRYSTAL TENN INC**Current Principal Place of Business:**506 N W 1ST AVE
CRYSTAL RIVER, FL 34428**Current Mailing Address:**506 N W 1ST AVE
CRYSTAL RIVER, FL 34428 US**FEI Number:** 59-0828575**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RICKEY, NORRIS
506 NW 1ST AVE
CRYSTAL RIVER, FL 34428 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** NORRIS RICKEY

04/06/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title STD
Name MULLINS, WAYNE
Address 2941 PINE VALLEY CIR
City-State-Zip: EAST POINT GA 30344

Title VPD
Name BURCH, FRED III
Address 107 WILD CHERRY WAY
City-State-Zip: FRANKFORT KY 40601

Title D
Name WILLIS, DEVAN
Address 4249 HAMILTON RD
City-State-Zip: LAKELAND FL 33811

Title D
Name WILLIAMS, GORDON
Address 2119 LEBANON RD
City-State-Zip: NASHVILLE TN 37210

Title DIRECTOR
Name SMOOT, TOM
Address 9111 KEN LOCK DR
City-State-Zip: LOUISVILLE KY 40242

Title PRESIDENT, DIRECTOR
Name RICKEY, NORRIS
Address 340 PINELLAS BAYWAY
City-State-Zip: SAINT PETERSBURG FL 33715

Title DIRECTOR
Name WALPERT, RON C
Address 104 WILD CHERRY WAY
City-State-Zip: FRANKFORT KY 40601

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NORRIS RICKEY

PRESIDENT

04/06/2015

Electronic Signature of Signing Officer/Director Detail

Date