

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # 384289 (5)

1. Corporation Name
CRESTONE SERVICE CORP.

95 MAY -1 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
511 ST JOHNS AVENUE BOX 798 PALATKA FL 32178	511 ST JOHNS AVENUE BOX 798 PALATKA FL 32178

3. Date Incorporated or Qualified 06/22/1971	3a. Date of Last Report 05/24/1994
4. FEI Number 59-1382855	Applied For Not Applicable
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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**MIKELL, J L
511 ST. JOHNS AVENUE
PALATKA FL 32077**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, ROY J.	1.2 NAME	
STREET ADDRESS	511 ST. JOHNS AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALATKA FL	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKELL, J. L.	2.2 NAME	
STREET ADDRESS	511 ST. JOHNS AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALATKA FL	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILICAN, J.H.JR.	3.2 NAME	
STREET ADDRESS	110 ST. JOHNS TERRACE E.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALATKA FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEBEL, L.G.	4.2 NAME	
STREET ADDRESS	2160 DIANA DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	PALATKA FL	4.4 CITY - ST - ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDDICK, MICHAEL L.	5.2 NAME	
STREET ADDRESS	511 ST. JOHNS AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	PALATKA, FL 00000	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILIPS, WAID D	6.2 NAME	
STREET ADDRESS	RT 2 BOX 121	6.3 STREET ADDRESS	
CITY - ST - ZIP	E PALATKA, FL 00000	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(2)(b), 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 person or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or in an attachment to this report.

SIGNATURE: *Michael L. Riddick* 4/26/95 (904) 328-6761
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL L. RIDDICK