

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **384289** (5)

1. Corporation Name  
**CRESTONE SERVICE CORP.**



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

3. Date Incorporated or Qualified: 06/22/1971  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-1382855  
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

2. Principal Place of Business (21-24) and Mailing Address (2a-24) details including Suite, Apt. #, etc., City & State, Zip, and 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

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when translating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	V ANDERSON, ROY J. <input type="checkbox"/> DELETE
NAME	511 ST. JOHNS AVENUE
STREET ADDRESS	PALATKA FL
CITY-ST-ZIP	
TITLE	P MIKELL, J. L. <input type="checkbox"/> DELETE
NAME	511 ST. JOHNS AVENUE
STREET ADDRESS	PALATKA FL
CITY-ST-ZIP	
TITLE	SD MILICAN, J.H.JR. <input checked="" type="checkbox"/> DELETE
NAME	110 ST. JOHNS TERRACE E.
STREET ADDRESS	PALATKA FL
CITY-ST-ZIP	
TITLE	D HEBEL, L.G. <input type="checkbox"/> DELETE
NAME	2180 DIANA DR.
STREET ADDRESS	PALATKA FL
CITY-ST-ZIP	
TITLE	T RIDDICK, MICHAEL L. <input type="checkbox"/> DELETE
NAME	511 ST. JOHNS AVENUE
STREET ADDRESS	PALATKA, FL 00000
CITY-ST-ZIP	
TITLE	D PHILIPS, WAID D <input type="checkbox"/> DELETE
NAME	RT 2 BOX 121
STREET ADDRESS	E PALATKA, FL 00000
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	SV ANDERSON, ROY J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	511 ST. JOHNS AVENUE
1.3 STREET ADDRESS	PALATKA, FL
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 on an attachment with an address.

SIGNATURE: *John L. Mikell* 4/30/96 (904) 328-6761  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)