

**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

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DOCUMENT # **F31999 (8)**

1. Corporation Name

**CRESTVIEW AREA DEVELOPMENT CORPORATION**

Principal Place of Business

Mailing Address

U.S. 85 NORTH  
BOX 907  
CRESTVIEW FL 32536

U.S. 85 NORTH  
BOX 907  
CRESTVIEW FL 32536

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/23/1981** 3a. Date of Last Report **06/29/1994**

4. FEI Number **59-2124042** 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

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLEMING, J.B.  
GULF ELECTRIC CORP.  
U.S. 85 NORTH, P.O. BOX 907  
CRESTVIEW FL 32536

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 of agent)

(DATE) (Registered Agent Signature required after filing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATE, ROBERT E	1.2 NAME	
STREET ADDRESS	806 JAMES LEE RD	1.3 STREET ADDRESS	
CITY, ST, ZIP	CRESTVIEW, FL 00000	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLIGAN, JOHN	2.2 NAME	
STREET ADDRESS	900 JAMES LEE BLVD.	2.3 STREET ADDRESS	
CITY, ST, ZIP	CRESTVIEW, FL 00000	2.4 CITY, ST, ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, J B	3.2 NAME	
STREET ADDRESS	PO BOX 907, US 85 NORTH	3.3 STREET ADDRESS	
CITY, ST, ZIP	CRESTVIEW, FL 00000	3.4 CITY, ST, ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FASSE, LUCILLE	4.2 NAME	
STREET ADDRESS	361 N MAIN ST	4.3 STREET ADDRESS	
CITY, ST, ZIP	CRESTVIEW, FL 00000	4.4 CITY, ST, ZIP	
TITLE	ST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, FRANK W.	5.2 NAME	
STREET ADDRESS	638 N.FERDON BLVD.	5.3 STREET ADDRESS	
CITY, ST, ZIP	CRESTVIEW, FL 00000	5.4 CITY, ST, ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(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 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: *Frank W. Carr* FRANK W. CARR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/95 909-692-4033  
Date (Day/Month/Year) (Telephone Area #)