

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Minton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #p95000034138

1. Corporation Name

CRESTWAY ELECTRONICS, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified
04/27/1995

3a. Date of Last Report
n/a

2. Principal Place of Business

21 235 A Centinnial St

State, Apt. #, etc.

22 City & State
Los Alamos, CA

23 Zip
93440

25 Country
USA

2a. Mailing Address

26 P.O. Box 654

State, Apt. #, etc.

27 City & State
Los Alamos, CA

29 Zip
93440

30 Country
USA

4. FEEL Number

59-3324467

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Certificate, Filing Fee
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for filing fee under s. 190.01,
Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Thomas J. Sweet
1298 North Dixie Freeway
New Smyrna Beach, FL 32168-6006

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.02 and 607.03, Florida Statutes, the above named corporation, submit this statement for the purpose of changing its principal office or registered agent, or both, in the State of Florida. Such change is being made by the corporation, subject of course, to the ratification and approval of the shareholders of the corporation, and a copy of the minutes of such meeting is being filed with this statement. Fee: \$5.00

SIGNATURE

12. OFFICER OR DIRECTOR

NAME: Murdoch, Trevor
TITLE: Director
STREET ADDRESS: 570 Main St.
CITY, STATE, ZIP: Los Alamos, CA 93440

NAME: Murdoch, Sara
TITLE: Director
STREET ADDRESS: 570 Main St.
CITY, STATE, ZIP: Los Alamos, CA 93440

NAME: _____
TITLE: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____

NAME: _____
TITLE: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____

NAME: _____
TITLE: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____

NAME: _____
TITLE: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____

13.

14. To the best of my knowledge and belief, the information furnished in this statement is true and correct, and I am not aware of any information which would make the information furnished in this statement false or misleading. I am not aware of any information which would make the information furnished in this statement false or misleading. I am not aware of any information which would make the information furnished in this statement false or misleading.

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-07/02/96--01014--018
***225.00

SIGNATURE:

Trevor Murdoch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/96. 805 344-1409

CR2E034 (3/96)