

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 248088 (7)

1. Corporation Name  
**CREST PRODUCTS, INC.**



Principal Place of Business: 430 RACETRACK RD. OLDSMAR FL 34677-4711 US  
Mailing Address: P.O. BOX 1739 OLDSMAR FL 34677-4711 US

3. Date Incorporated or Qualified: 06/03/1961  
3a. Date of Last Report: 04/26/1995  
4. FEI Number: 59-0934712  
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, 22, 23  
2a. Mailing Address: 26, 27, 28  
24. Zip, 25. Country, 29. Zip, 30. Country

**9. Name and Address of Current Registered Agent**

PARKER, WILLIAM L.  
1709 FAULDS RD.  
CLEARWATER FL 34619

**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 (FL)

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 the corporation. (Date) Registered Agent signature period of registration.

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PARKER, WM. L.	
STREET ADDRESS	1709 FAULDS ROAD	
CITY-STATE-ZIP	CLEARWATER FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SCHULTZ, FRED	
STREET ADDRESS	09 BELMORE RD.	
CITY-STATE-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S
2.3 STREET ADDRESS	PARKER, William L.
2.4 CITY-STATE-ZIP	1709 Faulds Road Clearwater, Florida 34619
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(c), 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: *William L. Parker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
William L. Parker, President

April 30, 1996

(813) 855-6688

CR2E034 (12/95)