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Feb 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 326670 (7)

1. Corporation Name
CRESTVIEW MANOR, INC.



Principal Place of Business

Mailing Address

~~1000 UNDERWOOD AVENUE
P.O. # (ZIP 02501)
PENSACOLA FL 32501~~

~~1000 UNDERWOOD AVENUE
P.O. # (ZIP 02501)
PENSACOLA FL 32501-0024~~

2. Principal Place of Business

2a. Mailing Address

21 226 PALAFOX PLACE
Suite, Apt #, etc

26 226 PALAFOX PLACE
Suite, Apt #, etc

22 3RD FLOOR
City & State

27 3RD FLOOR
City & State

23 PENSACOLA, FL
Zip Country

28 PENSACOLA, FL
Zip Country

24 32501 25

29 32501 30

3. Date Incorporated or Qualified
02/21/1968

3a. Date of Last Report
01/22/1996

4. FEI Number
59-1309527

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~JOHNSON, MICHAEL L.
2911 GLAMIS DR.
PENSACOLA FL 32503~~

81 Name
R. BRENT MAGGIO
82 Street Address (P.O. Box Number is Not Acceptable)
226 PALAFOX PLACE
83 3RD FLOOR
84 City
PENSACOLA FL 85 Zip Code
32501

11. Pursuant to the provisions of Sections 607.0203 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent of record, 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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

R. Brent Maggio, President

1/31/97
DATE

Signature type or printed name of registered agent and legal applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	JOHNSON, LARRY B., JR.	
STREET ADDRESS	1920 E DECATO ST	
CITY - ST - ZIP	PENSACOLA FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	JOHNSON, MICHAEL L.	
STREET ADDRESS	2911 GLAMIS DR.	
CITY - ST - ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	R. BRENT MAGGIO	
1.3 STREET ADDRESS	226 PALAFOX PLACE, 3RD FLOOR	
1.4 CITY - ST - ZIP	PENSACOLA, FL 32501	
2.1 TITLE	VST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	R. BRENT MAGGIO	
2.3 STREET ADDRESS	226 PALAFOX PLACE, 3RD FLOOR	
2.4 CITY - ST - ZIP	PENSACOLA, FL 32501	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, unchanged, or as an attachment with an address.

SIGNATURE:

R. Brent Maggio

R. BRENT MAGGIO

1/31/97

904/432-8550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)