

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

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

~~1000 UNDERWOOD AVENUE
P.O. BOX 12501
PENSACOLA FL 32501~~

Mailing Address

~~1000 UNDERWOOD AVENUE
P.O. BOX 12501
PENSACOLA FL 32501~~

2. Principal Place of Business

21 226 PALAFOX PLACE

Suite, Apt. #, etc.

22 3RD FLOOR

City & State

23 PENSACOLA, FL

Zip

Country

24 32501

2a. Mailing Address

26 226 PALAFOX PLACE

Suite, Apt. #, etc.

27 3RD FLOOR

City & State

28 PENSACOLA, FL

Zip

Country

29 32501

30

9. Name and Address of Current Registered Agent

~~JOHNSON, MICHAEL L.~~

~~2911 OLAMIS DR.~~

~~PENSACOLA FL 32503~~

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

10. Name and Address of New Registered Agent

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 607.0607 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 filing jurisdiction. 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

R. Brent Maggio, President

1/31/97

(Signature type or print name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P JOHNSON, LARRY D., JR.

1920 E DECATO ST

PENSACOLA FL

CITY- ST- ZIP

VST

JOHNSON, MICHAEL L.

2911 OLAMIS DR.

PENSACOLA FL

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

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, if changed, 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)