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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 384289 (5)

1. Corporation Name

CRESTONE SERVICE CORP.



Principal Place of Business

511 ST JOHNS AVENUE
BOX 798
PALATKA FL 32178

Mailing Address

511 ST JOHNS AVENUE
BOX 798
PALATKA FL 32178

3. Date Incorporated or Qualified

06/22/1971

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIKELL, J L
511 ST. JOHNS AVENUE
PALATKA FL 32077

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 if applicable

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE

NAME ANDERSON, ROY J.
STREET ADDRESS 511 ST. JOHNS AVENUE
CITY-ST-ZIP PALATKA FL

1.1 TITLE SV ☒ Change ☐ Addition

1.2 NAME ANDERSON, ROY J.
1.3 STREET ADDRESS 511 ST. JOHNS AVENUE
1.4 CITY-ST-ZIP PALATKA, FL

TITLE P ☐ DELETE

NAME MIKELL, J. L.
STREET ADDRESS 511 ST. JOHNS AVENUE
CITY-ST-ZIP PALATKA FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD ☒ DELETE

NAME MILICAN, J.H.JR.
STREET ADDRESS 110 ST. JOHNS TERRACE E.
CITY-ST-ZIP PALATKA FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME HEBEL, L.G.
STREET ADDRESS 2180 DIANA DR.
CITY-ST-ZIP PALATKA FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T ☐ DELETE

NAME RIDDICK, MICHAEL L.
STREET ADDRESS 511 ST. JOHNS AVENUE
CITY-ST-ZIP PALATKA, FL 00000

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME PHILIPS, WAID D
STREET ADDRESS RT 2 BOX 121
CITY-ST-ZIP E PALATKA, FL 00000

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

(904) 328-6761

Daytime Phone #

CR2E034 (12/95)