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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:42

DOCUMENT # 733312 (3)

1. Corporation Name
CREST SERVICES, INC.

Principal Place of Business	Mailing Address
1717 NE 9TH ST SUITE 104 GAINESVILLE FL 32609	1717 NE 9TH ST SUITE 104 GAINESVILLE FL 32609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/16/1975
3a. Date of Last Report: 04/04/1994
4. FEI Number: 51-0204111 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

LEE, ROBERT (DR)
5621 NW 55TH LN
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	LEE, ROBERT	1.2 NAME	
STREET ADDRESS	5621 N.W. 55TH LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	[redacted]	2.2 NAME	
STREET ADDRESS	[redacted] MOVED FROM AREA	2.3 STREET ADDRESS	
CITY-ST-ZIP	[redacted]	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, MARK	3.2 NAME	
STREET ADDRESS	3919 N.W. 17TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BAIN, DONALD	4.2 NAME	
STREET ADDRESS	1ST UNIT. METH. RT. 26	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	JOINER, JAMES	5.2 NAME	
STREET ADDRESS	1818 N.E. 16TH TERR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	LEE, PATRICIA	6.2 NAME	
STREET ADDRESS	5621 N.W. 55TH LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	6.4 CITY-ST-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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: x R.E. Lee x 3/1/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

026483