FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F31999** **(8)**

1. Corporation Name

CRESTVIEW AREA DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
U.S. 85 NORTH BOX 907 CRESTVIEW FL 32536	U.S. 85 NORTH BOX 907 CRESTVIEW FL 32536

3. Date Incorporated or Qualified: **04/23/1981**

3a. Date of Last Report: **06/02/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **59-2124042** ☐ 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

FLEMING, J.B.
GULF ELECTRIC CORP.
U.S. 85 NORTH, P.O.BOX 907
CRESTVIEW FL 32536

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 607.150(3), 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 person signing, and capacity or relationship to corporation) (If the Registered Agent is an individual, the Registered Agent must sign.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #12		
TITLE	VPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TATE, ROBERT E		1.2 NAME		
STREET ADDRESS	806 JAMES LEE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, FL 00000		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MILLIGAN, JOHN		2.2 NAME		
STREET ADDRESS	900 JAMES LEE BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, FL 00000		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FLEMING, J B		3.2 NAME		
STREET ADDRESS	PO BOX 907,US 85 NORTH		3.3 STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, FL 00000		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FASSE, LUCILLE		4.2 NAME		
STREET ADDRESS	361 N MAIN ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, FL 00000		4.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CARR, FRANK W.		5.2 NAME		
STREET ADDRESS	638 N.FERDON BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, FL 00000		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)(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 on an attachment with an address.

SIGNATURE: J. B. Fleming — Pres. 5/29/96 — 7046825141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)