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 # G19667
1. Corporation Name

(6)

CRESSWOOD CONSOLIDATED SERVICES, INC.

Principal Place of Business Mailing Address								- · · · · · · · · · · · · · · · · · · ·		3 10 31111 00 01 110 0 10 10 0 0 1116 0111	A IDAI BIBIL DID		(0 0 1 0 0 1 1 1 1 1
1408 N. WESTSHORE BLVD Suite 800 Tampa Fl 33607				1408 N. WESTSHORE BLVD SUITE 600 TAMPA FL 33607									
										3. Date Incorporated or Qualified 01/14/1983		of Last F 1/25/19	
2. 21	2. Principal Place of Business			2a. Mailing Address 26					4. FEI Number 59-2254887	Applied For			
Sulte, Apt. #, etc.			20	Suite, Apt. #, etc.								Not Applicable \$8.75 Additional	
22	2			27				5. Certificate of Status Desired			Required		
23	City & State			City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
	Zip Country				Zip Country				8. This corporation has liability for	intangible ta			
24			25	29		30					□ No		
		9, Name	and Address of Current	Regis	stered Agent			·		10. Name and Address of New F	Registered a	Agent	
							81	Name	1				
BARRETT, JACK							82 Street Address			s (P.O. Box Number is Not Acceptat	ole)		
2984 ELYSIUM WAY Clearwater Fl 34619													
	CLEARW	AIER FL	34619				В3						
							84	City	-		FL	85 Z	p Code
11	Pursuant to or registere familiar with	o the provision of agent, or h. and accer	ons of Sections 607.0502 a both, in the State of Florida at the obligations of Section	nd 60)7.1508, Florida Statu h change was author	utes, the a rized by th	e corb	named o oration's	corporati s board	on submits this statement for the pu of directors. I hereby accept the app	rpose of cha ointment as	nging its r registered	registered office dagent. I am
	GNATURE	,	or the obligations of coole		.0000, Florida Statute	55.							
		Signature, typed	or printed name of registered agent a	d title #	applicable. (f	NO1E: Rogiste	red Agen	I signature	required w	en reinstating)	DATE		
12			OFFICERS AND	DIREC		13	3.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	DRS IN 12
TIT		PAROCEI	T 1101/		DELETE	1.	1 TITLE			•] Change	Addition
NAI			T, JACK			1.2	NAME						
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	Y-ST-ZIP	VP VP	VATER FL				CITY-S	1 - ZIP					
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CIT	r-ST-ZIP						CITY-S						

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 cath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachmon with an address.

SIGNATURE:

4-19-96

(813)289-4524

FILED

Apr 17 1996 8:00am

Secretary of State

32E034 (12/95)