FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

95 MAY -1 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J47024 (1)

1. Corporation Name

BELLCREST HOLDING CO., INC.

Principal Place of Business	Mailing Address
5266 HIGHWAY AVE. ~~P O BOX 60069~~ JACKSONVILLE FL ~~32236~~ US	5266 HIGHWAY AVE. P O BOX 60069 JACKSONVILLE FL 32236 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	12/15/1986
3a. Date of Last Report	02/18/1994
4. FEI Number	59-2748886 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 32254 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PRICE, R. J.
5266 HIGHWAY AVE.
JACKSONVILLE FL 32254

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 ~~32254~~

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 ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BELL, A. QUINN
STREET ADDRESS	5266 HWY AVENUE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	SD
NAME	STRICKLAND, BARBARA S.
STREET ADDRESS	5266 HWY AVENUE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VTD
NAME	PRICE, R. J.
STREET ADDRESS	5266 HWY AVENUE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	AS
NAME	BARNETT, JAMES G.
STREET ADDRESS	5266 HWY AVENUE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	DC
NAME	SUDDATH, STEPHEN M.
STREET ADDRESS	5266 HWY AVENUE
CITY-ST-ZIP	JACKSONVILLE,F L.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP	32254/	
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP	32254/	
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP	32254/	
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP	32254/	
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP	32254/	
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 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: [signature] Jr. R.J. Price 4/18/95 (904) 781-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0024033 CP