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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # J47024 (1)

1. Corporation Name

BELLCREST HOLDING CO., INC.

Principal Place of Business	Mailing Address
~~5266 HIGHWAY AVE.~~ JACKSONVILLE FL 32254 US	~~5266 HIGHWAY AVE.~~ P O BOX 60069 JACKSONVILLE FL ~~32236~~ US

2. Principal Place of Business	2a. Mailing Address
21 815 S. MAIN ST.	26 P.O. Box 48088
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 #600	27 #600
City & State	City & State
23 JAX, FL	28 JAX, FL
Zip / Country	Zip / Country
24 32207 / 25 US	29 32207 / 30 US

3. Date Incorporated or Qualified: **12/15/1986**

3a. Date of Last Report: **05/01/1995**

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

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) 815 S. MAIN ST.

83 #600

84 City JAX **FL** 85 Zip Code 32207

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's signature required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BELL, A. QUINN ~~5266 HWY AVENUE~~ JACKSONVILLE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	815 S. MAIN ST.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STRICKLAND, BARBARA S. ~~5266 HWY AVENUE~~ JACKSONVILLE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	815 S MAIN ST.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD PRICE, R. J. ~~5266 HWY AVENUE~~ JACKSONVILLE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	815 S. MAIN ST.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS BARNETT, JAMES G. ~~5266 HWY AVENUE~~ JACKSONVILLE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	815 S. MAIN ST.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC SUDDATH, STEPHEN M. ~~5266 HWY AVENUE~~ JACKSONVILLE FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	815 S. MAIN ST.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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: R. J. Price VP 05/01/96 (904) 390-7100

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