

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K38272 (6)

1. Corporation Name

CRINER PETROLEUM AND WELL POINT SERVICE, INC.

Principal Place of Business

C/O CATHERINE L. CRINER
2010 WHITE AVE.
ORLANDO FL 32808

Mailing Address

C/O CATHERINE L. CRINER
2010 WHITE AVE.
ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/12/1988

3a. Date of Last Report

04/05/1994

4. FEI Number

58-2959106

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 § 199.032,
Florida Statutes



Yes



No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CRINER, CATHERINE L.
2010 WHITE AVE
ORLANDO FL 32808

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

Catherine L. Criner Catherine L. CRINER

4-14-95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PTD
CRINER, CATHERINE L.
2010 WHITE AVENUE
ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
CRINER, CHARLES R.
2010 WHITE AVENUE
ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CRINER, HELEN
2010 WHITE AVENUE
ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V
CRINER, ROBERT W.
2010 WHITE AVE.
ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V
CRINER, JAMES E.
7510 MARCOOSSEE RD.
ORLANDO FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V
CRINER, GEORGE P
2000 WHITE AVE
ORLANDO FL 32808

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP



Change



Addition



Change



Addition



Change



Addition



Change



Addition



Change



Addition



Change



Addition

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Catherine L. Criner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-95

Date

4078518825

Signature Number